DUPLICATE

Medical Economics

SEPTEMBER

BRITISH MEDICAL MEN PROTEST GOVERNMENT HEALTH ACT • PAGE 55

do something about Cold Sequelae *before* infection develops

The best time to fight the sequelae of the common cold is *before* the infection develops . . . *before* the colds-susceptible patient has succumbed to the debilitating effects of its secondary invaders.

IMPROVED ORAVAX

ORAL BACTERIAL VACCINE

Oravax is available in bottles of 20, 50 and 100 tablets. For best results, prescribe 1 tablet daily for 7 days, then 1 tablet twice a week throughout the winter.

Improved Oravax now provides an even wider range of protection against this secondary invasion, for each small enteric-coated tablet contains 60 billion killed organisms and the soluble (ecto-) antigens from 8,625 million:

D. pneumoniae, Types I, II, III, VII and VIII (5,000 million each)	25,000 million
and the soluble antigens from (750 million each)	3,750 million
Streptococcus hemolyticus, Type A	10,000 million
and the soluble antigens from	1,500 million
Streptococcus viridans	5,000 million
and the soluble antigens from	750 million
H. influenzae, Type a	2,500 million
and the soluble antigens from	375 million
K. pneumoniae, Type A	5,000 million
and the soluble antigens from	750 million
Staphylococcus aureus and albus (5,000 million each)	10,000 million
and the soluble antigens from (750 million each)	1,500 million
N. catarrhalis (no soluble antigens)	2,500 million

There are, admittedly, differences in medical opinion regarding the value of oral bacterial vaccines. Moreover, some individuals appear resistant to any type of respiratory vaccine. However, the published reports of a number of clinicians indicate that Oravax will, in a high percentage of cases, build an important measure of protection against secondary invasion by the organisms included in the formula. These results would certainly seem to warrant a thorough trial of Oravax, as a means of reducing the severity and duration of cold sequelae in your patients.

Trademark "Oravax"
Reg. U. S. Pat. Off.

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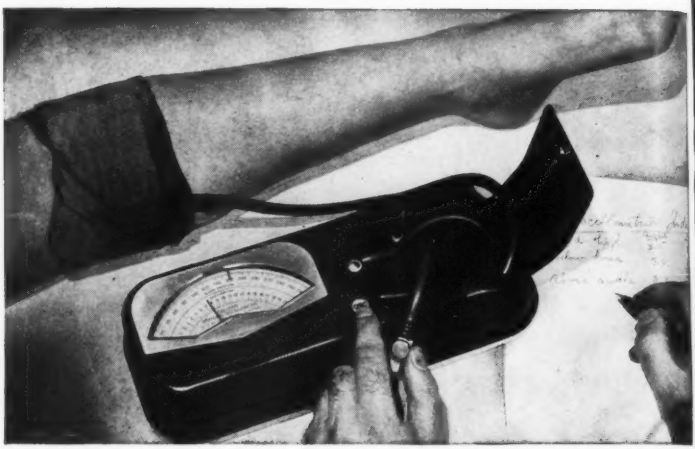
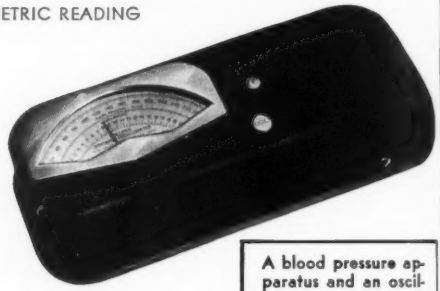


TAKING AN OSCILLOMETRIC READING



The COLLENS SPHYGMO-OSCILLOMETER

A blood pressure apparatus and an oscillometer combined in one instrument. It is the most important diagnostic aid for determining the patency of the major vessels in the limbs.

A blood pressure apparatus and an oscillometer in one unit: well engineered, sturdily built to give a long period of carefree service: at the extremely low price of

$36.00

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51 E. State St. AD-6108

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Columbus, Ohio

we have the new...

CETYLCIDE

A dramatic new germicidal concentrate for instrument disinfection in convenient economical ampule form.

The contents of one ampule added to a quart of tap water make a potent germicidal solution combining high bactericidal and bacteriostatic action against most pathogenic bacteria.

COLORLESS • ODORLESS • NONTOXIC • NONIRRITATING • RUST-PROOF

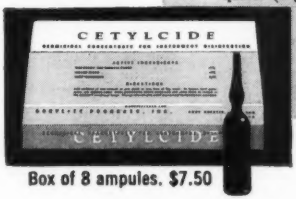
HIGHLY STABLE • CONTAINS NO MERCURY, PHENOL or FORMALDEHYDE

For the cold disinfection of metal, glass, rubber and plastic surgical instruments and appliances.

Convenient . . . Economical . . . No Storage Problem . . .

Does not deteriorate on standing . . . Solution needs to be changed only when pronounced contamination becomes apparent.

Supplied in ampules of 10 cc. at $7.50 per box of 8 ampules, which when diluted is the equivalent of 8 quarts (2 gallons) of germicidal solution.



Box of 8 ampules. $7.50

CETYLCIDE

U. S. REG'N. APPL'D. FOR

(Cetyl Dimethyl Ethyl Ammonium Bromide)

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Columbus, Ohio

Medical Economics

SEPTEMBER 1947

H. Sheridan Baketel, M.D., Editor-in-Chief. William Alan Richardson, Editor. Edmund R. Beckwith, Jr. and R. Cragin Lewis, Associate Editors. Lansing Chapman, Publisher. W. L. Chapman, Jr., Business Manager. R. M. Smith, Sales Manager.

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Top-rating disk jockey . . .

dietary dub!

He carefully plans a balanced program, gives no thought whatever to a balanced diet. Irregular hours, lunch counter meals, lack of exercise eventually put him in that growing multitude of borderline vitamin deficiency cases . . . the chronic dieters, food faddists, excessive smokers, alcoholics, persons too busy or too tired to eat properly. Deficiencies of the vitamin B complex are common in such cases. In addition to instituting a corrective diet, more and more physicians are prescribing *Sur-bex* as an effective supplement. *Sur-bex* is a high potency vitamin B complex tablet containing therapeutic amounts of five B complex factors, with liver concentrate and dried brewer's yeast added for other B complex factors. The tablets have a special double coating which seals in the odor of the liver concentrate and provides a pleasing orange bouquet and flavor. *Sur-bex* is available at all pharmacies in bottles of 100, 500 and 1,000 tablets.

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(ABBOTT'S VITAMIN B COMPLEX TABLETS)

Each tablet contains:

Thiamine Hydrochloride	6 mg.
Riboflavin	6 mg.
Nicotinamide	30 mg.
Pyridoxine Hydrochloride	1 mg.
Pantothenic Acid (*as calcium pantothenate*)	10 mg.
Liver Concentrate*	5 grs.
Brewer's Yeast, Dried*	2½ grs.

**For other B complex factors.*

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YALE B-D Lok-Needles are *Now Available*

In ALL STANDARD SIZES

With *BOTH* Regular and Huber Point

YES, WE REPEAT . . . Yale B-D Lok-Needles are ***now available*** in ALL standard sizes . . . These high quality hyperchrome stainless steel B-D needles will give you the same superior service you have grown to expect . . . Your dealer now has a stock sufficient to meet your needs in ***all standard sizes.***

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RAY-FORMOSIL
FOR THE TREATMENT OF
ARTHRITIS and RHEUMATISM

73% Benefited

In one series of clinic-treated cases of atrophic, hypertrophic and mixed arthritis—with best results in hypertrophic and fibrositic types.

Ray-Formosil for intramuscular injection is clinically proved, effective treatment in most cases of Arthritis and Rheumatism. It is a non-toxic and sterile, buffered solution containing in each cc. the equivalent of:

FORMIC ACID . . . . . **5 MG.**
HYDRATED SILICIC ACID . . . . . **2.25 MG.**

Descriptive clinical literature will be furnished upon request. If your dealer cannot supply you, order direct. 1 cc. Ampuls—12 for $3.50; 25 for $6.25; 100 for $20.00.

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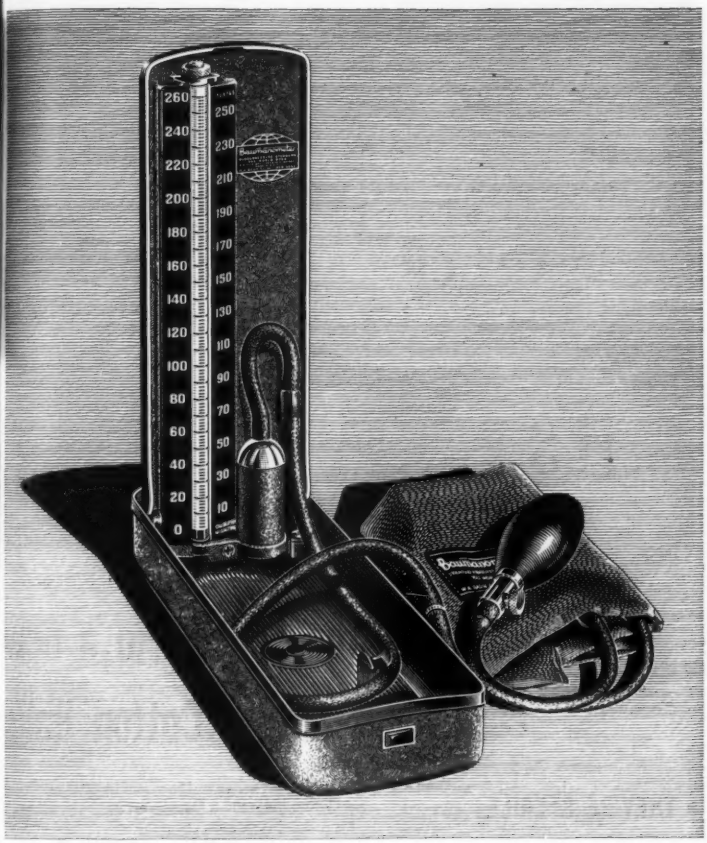
A Quarter Century Serving Physicians



The KOMPAK Model Lifetime Baumanometer offers everything desirable in a bloodpressure instrument. It is *scientifically accurate, simple to use and carry, durable and attractive.* Like all Baumanometers, it functions on the immutable law of gravity . . . the fundamental principle by which all other types of bloodpressure apparatus must be periodically checked for accuracy. That is why it is *the instrument of choice* of a vast majority of the medical profession the world over.

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Red Cross cotton in a new convenient form...Cotton Balls

- THEY'RE STERILE
- THEY'RE ABSORBENT
- THEY'RE CONVENIENT
- THEY'RE UNIFORM IN SIZE

Cotton balls are a "must" for professional use—for preoperative skin preparation . . . for applying antiseptics before, and for pressure dressings after injections. • Cotton balls made of Red Cross Cotton are now available in cartons of 65—an ideal package for your bag or office shelf—always ready for immediate use!

ORDER FROM YOUR DEALER

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Johnson & Johnson

Panorama

▶ Presidential aspirant Thomas E. Dewey, who has burned no bridges behind him re compulsory health insurance, may want Governor Earl Warren of California as his running mate in the 1948 election. Governor Warren, in turn, may request a plank in the Republican platform, calling for a "modified" form of national health insurance . . . The spectre of a behemoth Veterans Administration providing medical care for half the population has not been lessened by a bill introduced by Congresswoman Edith Nourse Rogers (R., Mass.); it would provide lifetime medical care—completely comprehensive—for the widows and orphans of all who die in the armed forces in wartime . . . Keeley Institute, pioneer alcoholic sanitarium, has just taken new pioneer step in hiring public relations counsel to educate people with respect to alcoholism, thus reduce its repeat business.

▶ New York Academy of Medicine is toying with idea of establishing an FM radio station to disseminate public health information . . . Ripley reports this neon sign in front of an office in Goshen, Ind.: "Drs. Bills and Bills" . . . Arthur J. Burks, Marine Corps colonel, is on mission to study the remote Mundurucu Indians of Brazil, who reputedly have never known cancer. Findings will be given to New York's Memorial Hospital, which already receives all proceeds from "I Die Daily," a book written by the colonel's wife before she herself succumbed to cancer . . . Associated Hospital Service (Blue Cross), New York, was shocked at receiving bill for $2,400,500 in a maternity case. Explanation: subscriber was stationed in China; bill, in Chinese dollars, represented $201.04 in American money . . . New dial-type fever thermometer looks like old-fashioned tire gauge, is said to be first radical change in clinical design "since Fahrenheit invented fever."

▶ Any physician who joins a union should be expelled from organized medicine, says "Philadelphia Medicine," which wants AMA to establish such a regulation . . . The attendants asked the

one way
to control
a cough
is
to stop
the coughing

Coughing is often the cause of a vicious circle. The first cough irritates the trachea or larynx, and thus excites the nerve endings. Recurrent cough impulses cause further irritation and still more severe coughing.

Inhaled through the MOUTH, the vapor* from Eskay's Oralator—by local action on nerve endings—arrests the cough impulse where it originates. Thus it gives the patient relief, breaks the vicious circle, and hastens recovery.

Your patients will be grateful to you for prescribing this effective, outstandingly convenient oral inhaler.

Smith, Kline & French Laboratories, Philadelphia.

*(*The active ingredient in Eskay's Oralator is the sympathomimetic compound 2-amino-6-methylheptane, S. K. F.)*

A revolutionary advance in the treatment of cough

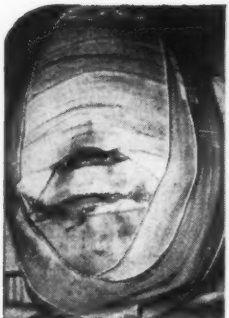
Eskay's Oralator

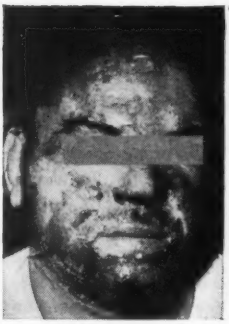
A few inhalations by mouth control cough quickly

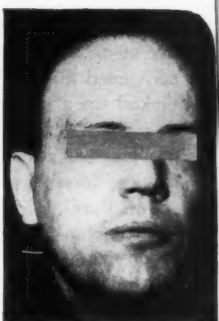
housewife: "Are you Anna?" She said she was, so they bundled her off to a New Jersey mental institution. After four days she convinced hospital that she was not insane, that it should have picked up a different "Anna" who lived on same floor of her tenement . . . A medical bill sent to Alexander Hamilton is now on view at New York Historical Society. It represents $87.50 for services after Hamilton was fatally wounded in his duel with Aaron Burr . . . Big bite: Nearly 2 million artificial teeth have been declared surplus by the War Assets Administration . . . Pennsylvania State Medical Society has authorized annual awards for the layman who contributes most to the health of the people during the year and for the non-medical organization doing the same thing.

▶ Straw in the wind? The House Appropriations Committee rapped Gallinger Hospital, Washington, D.C., for (1) giving indigents better service than paying patients could buy in other hospitals and for (2) being lax in applying means tests. It then lopped $330,000 off institution's budget . . . Dr. Chester J. Henschel, New York dentist, has arranged his drill so patient can turn it off at will. Few people given this new privilege actually take advantage of it, he says . . . Sentiment against euthanasia increasing slightly, says George Gallup. A 1939 poll showed 46 per cent favor of it, 54 per cent opposed; this year, ratio was 41 per cent in favor, 59 per cent opposed.

▶ *Rara avis:* A newspaper reader asked Emily Post what kind of gift she should send her physician, *in addition* to paying her bill . . . Alcoholic sanitarium in Oakland, Calif., finds its newspaper advertising pulls best when spotted next to crossword puzzle . . . New magnetic probe has retractable magnet, clips into vest pocket when not in use . . . A loan fund to be set up by the Missouri State Medical Association to help needy young physicians establish offices and survive the lean early months of practice is being urged by Dr. Howard B. Goodrich, former president of the association . . . Eyebrows raised in England when the London College of Osteopathy advertised a special course for physicians only in the independent medical journal, The Lancet . . . Advertising men chuckling over an institutional ad in consumer magazines: It showed a pretty but pregnant girl in the midst of "the 266 greatest days of her life"—wearing no wedding ring.







Case X—Massachusetts General Hospital Patient—Victim of Cocoanut Grove Fire.

NO. 1—2nd degree burns of face and ears and 3rd degree scalp burn covered by primary occlusive dressing on night of admission. Patient had a total burn surface of 12.5%.

NO. 2—As first head dressing was changed on seventh day, remnants of destroyed skin and dry serum are still present and uninfected.

NO. 3—Final view of the face on the 55th day showing absence of scarring, and normal contours. The scalp healed without grafting.

'VASELINE' PETROLEUM JELLY is the world's leading brand of PETROLATUM U.S.P.

PETROLATUM in the Surface Treatment of BURNS

IN describing treatment of surface wounds of burn casualties following Boston's Cocoanut Grove fire, this simple technique was reported as "eminently satisfactory":*

1. No debridement of burn surface.
2. No cleansing of the burn surface.
3. Bland ointment with protective dressing.
4. Chemotherapy administered internally.

This treatment, given extensive use following the disaster* has the advantage of simplicity. There is less manipulation of the patient, important in consideration of shock. There is quicker relief of pain, with less rolling as necessitated in debridement and cleansing. Earlier relief of pain, too, by prompt covering.

Since infection originates almost entirely from surface contamination following the burn injury, it is pointed out that the earlier the wound can be covered, the less the infection. Thus this simple, early covering method becomes a measure against infection.

In treatment of burn surfaces the physician will find 'Vaseline' Petroleum Jelly is prompt and effective.

*Ann. of Surg. 117:885 (June) 1943.

Vaseline
REG. U.S. PAT. OFF.
PETROLEUM JELLY

MANUFACTURED ONLY BY
CHESEBROUGH MANUFACTURING CO., CONS'D,
NEW YORK, N. Y.

DEBAMIN

—A NOTEWORTHY STEP FORWARD IN AMINO ACID THERAPY

DEBAMIN is an oral protein hydrolysate fortified with B-complex vitamins. In powder form, it combines all of the advantages of an enzyme-digested *casein* hydrolysate with a similarly prepared *yeast* component. This combined formula offers more effective assistance in overcoming protein starvation since each component supplements the other.

Added to a cup of boiling water, each dose of DEBAMIN produces a delicious broth of approximately neutral pH. With DEBAMIN you will find patient resistance to protein supplementation reduced to a minimum.

When prescribed in nutritional edema, hypochromic anemia, hepatic disorders, pregnancy and lactation, postoperative surgery, burns, ulcers, renal diseases and whenever added protein hydrolysate treatment is indicated, DEBAMIN is a valuable ally in helping to overcome protein deficiency.

Five doses of DEBAMIN per day will supply 37.5 Gm. Protein Hydrolysates, 5.85 mg. Vitamin B_1 (Thiamin), 2.05 mg. Vitamin B_2 (Riboflavin), 10.0 mg. Niacinamide, 1.0 mg. Vitamin B_6 (Pyridoxine), 10.0 mg. Calcium Pantothenate.

Packed in a box of 35 individual moisture-proof pliofilm envelopes containing 10 grams each, DEBAMIN meets each individual dosage requirement.

FREE BOOKLET AND SAMPLE

Write for free illustrative sample and booklet, "AMINO ACID THERAPY" giving complete information and scientific references.

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SYSTEMIC REHABILITATION

the joy of living restored

Darthronol—an important aid in alleviation of pain—combines the beneficial antiarthritic effects of massive dosage vitamin D with the nutritional and pharmacologic actions of eight other essential vitamins. Darthronol is an important part of the antiarthritic regimen.

An extensive bibliography describing the therapeutic value of each of the nine constituents of Darthronol, together with clinical samples, will be sent on request.

EACH CAPSULE CONTAINS:

Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. Units
Vitamin A (Fish-Liver Oil)	5,000 U.S.P. Units
Ascorbic Acid	75 mg.
Thiamine Hydrochloride	3 mg.
Riboflavin	2 mg.
Pyridoxine Hydrochloride	0.3 mg
Calcium Pantothenate	1 mg.
Niacinamide	15 mg.
Mixed Tocopherols	4 mg.
(Equivalent to 3 mg. of synthetic Alpha Tocopherol)	

a **ROERIG** *preparation*

J. B. ROERIG AND COMPANY

DARTHRONOL

for the Arthritic

536 Lake Shore Drive • Chicago 11, Illinois

Speaking Frankly

Elephantine

Dr. H. R. Vandivier of Terre Haute, Ind., reports in the Indiana State Medical Journal that a Mrs. Tressie Blank, at the age of 47, paid him for her own delivery. Can any of your readers top this record?

Incidentally, Doctor Vandivier's patient did not learn until her father's estate was settled that her delivery had not been paid for. When she was informed of it, she called the doctor long distance, explained the circumstances, and said the bill was $10 but that she wanted to add $5 for his patience. Mrs. Blank was born on March 16, 1899. She paid her delivery bill on January 8, 1947.

M.D., New Jersey

Correction

On page 88 of your June issue you published cost estimates on social security as follows:

Based on Senator Wagner's figures	$11,625,000,000
Based on Tax Foundation Study	11,787,000,000
Based on Muntz estimate	13,405,000,000
Based on Hirschfeld's study	14,625,000,000

I would like to point out that these estimates refer to the overall cost of a comprehensive system of social security as proposed under the original Wagner-Murray-Dingell Bill. The impression one obtains from reading the table is that they reflect the cost of health insurance alone.

Gerhard Hirschfeld, Director
Research Council for
Economic Security
Chicago, Ill.

Shock

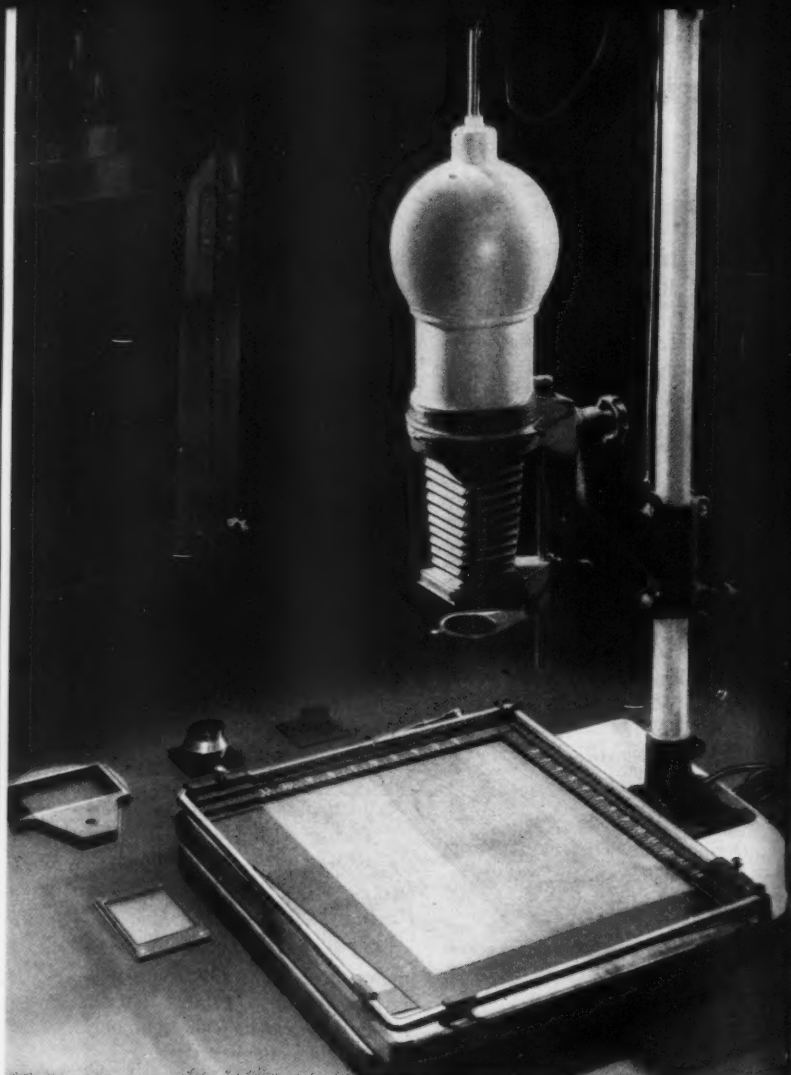
While not legally insane, many veterans who come up for trial in criminal court are victims of emotional shock. The courts alone cannot take care of them. Physicians can perform a tremendous service to humanity by devoting some of their time to the study of such cases.

Bolitha J. Laws, Chief Justice
District Court of the U.S. for
the District of Columbia

Peddlers?

"M.D., Iowa" moans that he knows of only two physicians who have left sizable estates. "M.D., Michigan" says he can treat only six or eight patients a day.

The Iowan probably has only the barest equipment. He probably fails to realize that even farmers want



Serving medical progress through Pra

up-to-date service. Result: Much of his time is spent distributing patients to physicians in larger towns.

The second complainer evidently believes that no one can do any part of his work. What he needs is an efficient R.N., a smart secretary, and an office outfitted with BMR, X-ray, and other modern equipment. Let him give up his pill-peddling point of view.

M.D., Ohio

Revelation

I recently asked a saleswoman in a bookstore why there were so many books on health, medicine, psychiatry, and sex. "Well," she told me, unaware I was a physician, "many years ago the family doctor knew all about nervousness and our everyday problems. But with so many specialists, there are very few of these family doctors left. So now the average person has to read these books himself in order to understand his problems and to lead a normal life."

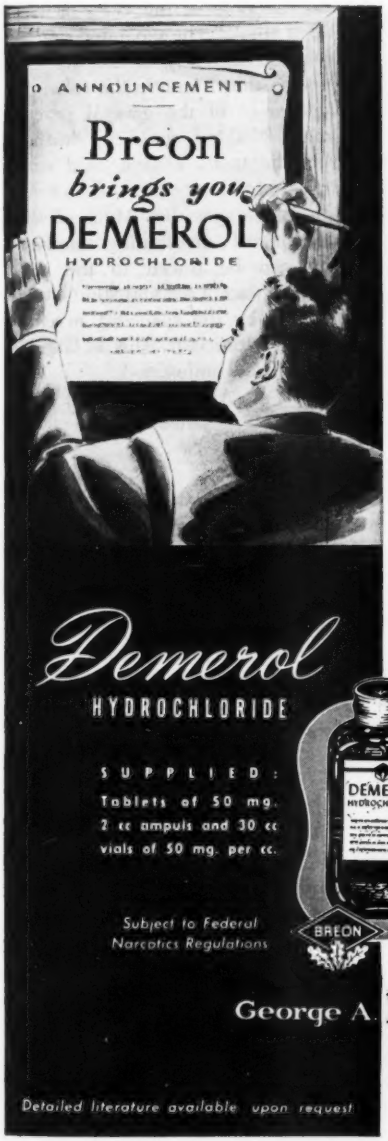
M.D., Massachusetts

Request

Please ask the doctors quoted in your June article " 'Revise the Role of the G.P.—or Get Rid of Him!' " if we have their permission to practice a while longer, at least until they find out what we do.

John E. Windham, M.D.
Kosciusko, Miss.

Numerous accusations have been leveled at me on the basis of quotations included in your article " 'Re-



Demerol* is a synthetic drug used to control severe pain regardless of etiology. Demerol is a powerful analgesic and antispasmodic.

Some Demerol Advantages

- ***Danger of respiratory depression greatly reduced.***
- ***Does not interfere with cough reflex or cause constipation.***
- ***Patients in casts or fixed positions have fewer untoward effects from Demerol.***
- ***No "splinting" action on smooth muscle.***

In Obstetrics Especially

- ***Demerol is uncomplicated to administer and supervise.***
- ***Safe for mother and child.***
- ***Striking absence of fetal anoxia.***
- ***No weakening of uterine contractions.***
- ***Bad effects on newborn practically nil.***

Demerol Hydrochloride produces efficacious analgesic and antispasmodic action without the adverse pharmacologic effects of morphine.

**Brand of Meperidine hydrochloride (Isonipecaine). Demerol is the registered trademark of Winthrop Chemical Company, Inc.*

George A. **Breon** & Company

KANSAS CITY, MO.
NEW YORK
ATLANTA
LOS ANGELES
SEATTLE

vise the Role of the G.P.—or Get Rid of Him!' " The separated quotations inadvertently create the impression that I belittle the role and significance of the general practitioner. Nothing could be further from the truth. I have tried consistently to elevate the G.P. in relation to the specialist. Much of the problem of distributing medical care can be traced to the discrepancy in reward and stimulation received by the specialist in contrast with the G.P. This is largely artificial and unjustified.

Alfred A. Angrist, M.D.
Jamaica, N.Y.

Louse

To "M.D., California" (who writes of "Courtesy" anent his trip to Florida and an appendectomy there):

I note the fact you paid a fee.
Exorbitant for surgery.
You, Sir, were just a timid mouse—
The surgeon was a grasping louse.
For meanness, that is going some;
Yes, only God can make a bum!

James A. Brussel, M.D.
Willard, N.Y.

Squeeze

Blue Cross is forcing private anesthetists out of business. Its contract in this area specifies that $10 will be paid to the hospital for each Blue Cross case in which a house anesthetist (interne or nurse) is used. This has led several Baltimore hospitals to bar private anesthetists from handling Blue Cross patients.

[PLEASE TURN TO PAGE 22]

These institutions claim they lose $10 every time an anesthetic is administered by a non-employe.

Not only does this ruling take away the surgeon's right to choose his own anesthetist; it is also a long step toward state medicine.

What can be done about the hospitals' dictatorial attitude?

M.D., Maryland

In answer to the question raised by "M.D., Maryland," I would say this: The anesthetists of Baltimore should go to their county medical society with a resolution demanding that Blue Cross exclude from its benefits those services that can properly be rendered only by a licensed physician. Or, as an alternative, they might request that Blue Cross pay cash benefits for anesthesiology to whomever is normally entitled to the fee.

We of the American College of Radiology went to Baltimore when the Blue Cross plan was established there. We argued that Blue Cross had no right to include among its benefits such services as radiology, pathology, and anesthesiology. These services are outside its proper domain.

If Blue Cross can include the services of anesthesiologists among its benefits, there is nothing to keep it from adding the services of other clinicians later.

Mac F. Cahal
Executive Secretary
American College
of Radiology
Chicago, Ill.

BRISTOL Penicillin in Oil and Wax is now

LIQUID

. . . for easier administration

Now you can inject Bristol's Crystalline Sodium Penicillin G in Oil and Wax (Romansky Formula) with far greater ease than in the past. Due entirely to changes in the manufacturing process and without any alteration in formula, the viscosity of the product at room temperature has been brought to a point which approximates that of U. S. P. glycerin. This is a significant development in penicillin therapy. Specify Bristol and obtain the benefits of LIQUID Romansky Formula.

Supplied in one cc. cartridges of 300,000 units, with or without special syringe equipment, and in 10 cc. rubber-stoppered vials. Needs no refrigeration in storage or warming before use.

Bristol LABORATORIES INC., SYRACUSE, NEW YORK

G-E X-RAY PROUDLY ANNOUNCES
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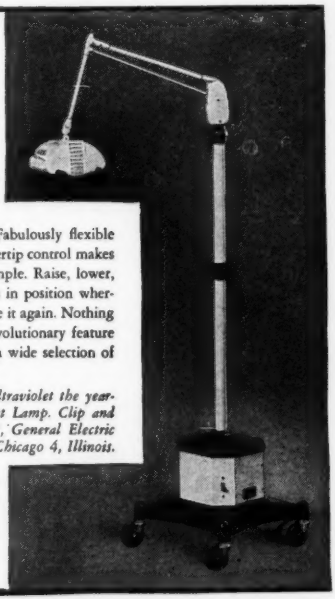
The G-E Prescription Model Ultraviolet Lamp offering you all the famous G-E X-Ray quality and service in a new low cost ultraviolet lamp.



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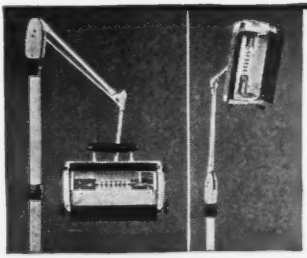

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Sidelights

The last major modification of the Principles of Medical Ethics took place in 1880. A number of physicians have been heard to wonder out loud lately whether medicine's Ten Commandments aren't about due for an overhaul.

If the ethical code is to mean anything, these men feel, it has to be adjusted to the times. As it stands now, it fails to reflect such modern developments as group practice, voluntary health insurance, workmen's compensation, and veterans' care plans. Confusion in interpreting the principles is a common result.

Take, for example, a question that has plagued many private medical groups: how to divide income without running afoul of the fee-splitting ban. One state passed a law recently that legalized pooling of group income and division of such income according to whatever system the group preferred. The AMA itself concedes the danger here of "unwittingly accepting unethical practice." Yet its own ethical principles shed little light on the matter.

Fourteen months ago the House of Delegates told the Judicial Council to undertake a modernization of the Principles of Medical Ethics. A year later, at the AMA centenary in Atlantic City, the council reported that "sound revisions cannot be made hurriedly." In all that time, said the council (risking a "So what?"), it had received only three letters suggesting changes in the principles.

Comments from the rank and file would of course help. But of far greater help would be a concerted effort by experts, of which the AMA has plenty, to fill the many gaps in medicine's ethical guide.

People often climb aboard the Federal health insurance bandwagon on the strength of its name alone. Health insurance sounds good, they reason; why not make it national?

Many could be shooed off that wrongway vehicle if we stressed more vigorously the fact that the Wagner-Murray-Dingell brand of health insurance is not insurance at all; that it is, instead, a tax.

The buyer of *bona fide* insurance pays a premium related actuarially to the risk involved and to what he'll get out of the plan. No such

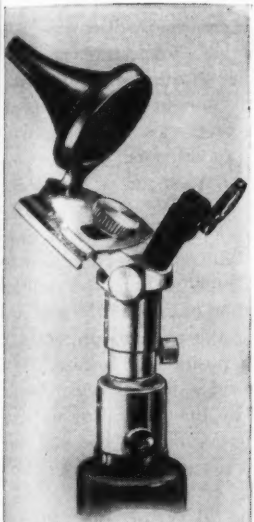
relationship would exist under the W-M-D plan. For example, "premiums" would be totally unrelated to the size of a worker's family, so that an employe with nine children would pay the same price for medical care as an unmarried worker receiving the identical wage. Nor would W-M-D "premiums" be related in any way to the age or health of the "subscriber," nor even to the total benefits furnished. The clincher, of course, is the W-M-D plan's compulsory feature. By definition, a tax is compulsory; insurance is not.

When laymen hear it called by its right name, the W-M-D rose may not smell so sweet.

The number of cancer detection clinics in this country rose 650 per cent last year. That king-sized boom brought with it a few repercussions from family physicians. Particularly in some small cities where such clinics were set up, G.P.'s shook their heads over the new "threat to the family doctor."

Actually, cancer clinics can be a boon to local practitioners. Casual critics are apt to overlook two points:

(1) Nearly all the clinics steer clear of treating patients. They restrict their scope to thorough physical exams, with emphasis on conditions that lead to cancer. (2) Nearly all the clinics produce a steady stream of referrals to local physicians. In about 1.5 per cent of apparently healthy persons, some



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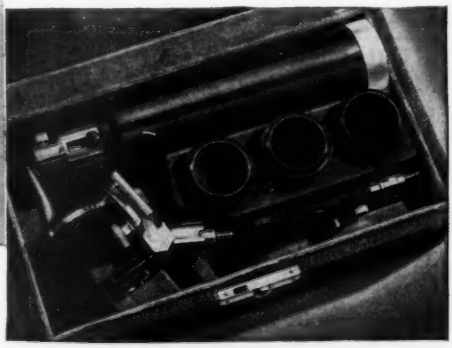


Bausch & Lomb
Medical Set No. 1

form of cancer is discovered. In many other cases, noncancerous conditions requiring medical treatment are brought to light. Patients in both categories are referred to private practitioners.

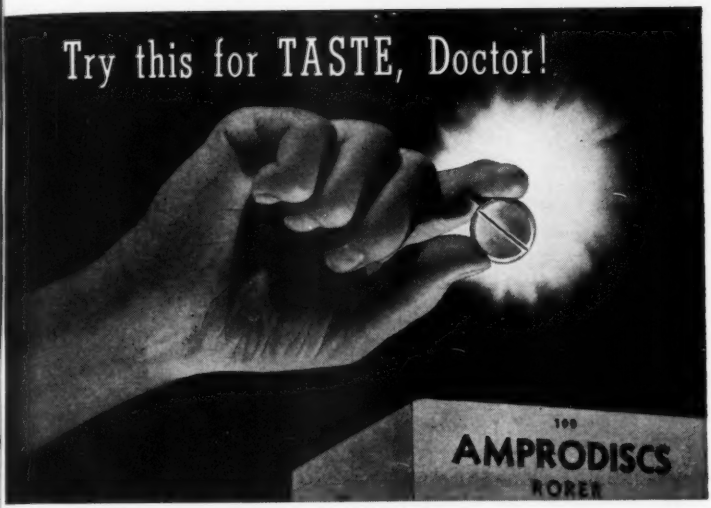
Dr. John A. Rogers of the American Cancer Society sums up the case for detection clinics in these words: "Cancer detection centers provide facilities for the routine examination of apparently well persons that the average physician is not in a position to furnish. As a general rule, his practice is increased by the referral of patients who consider themselves well, but who actually need his services."

In the days of our Pilgrim fathers, people who slept in church ran the risk of getting their skulls cracked by the sexton, who was equipped with a long pole for that very purpose.

It's just as well the custom died before the days of the medical convention. At a recent session, lulled by the far-off drone of someone reading a paper on chronic cholecystitis, we became a leading candidate for the rap.

A little later we woke up. We realized then that the paper was a good one. Missing the first part had been a mistake. The more we thought about it, the more we were convinced that what most papers need is some good advance publicity.

There's nothing new in this idea, of course. Several medical societies (*e.g.*, Michigan) have used it for



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years. A brief description of each speaker's training, experience, and connections is printed in the convention program. Another fifty words or so are devoted to drumming up interest in his topic.

Such a blurb acquaints the listener with the speaker. It tells him what he'll get for his money. It draws interested physicians to the meeting, holds their attention while the paper is being read. As a keeper-awaker, it has the sexton's pole beat hollow.

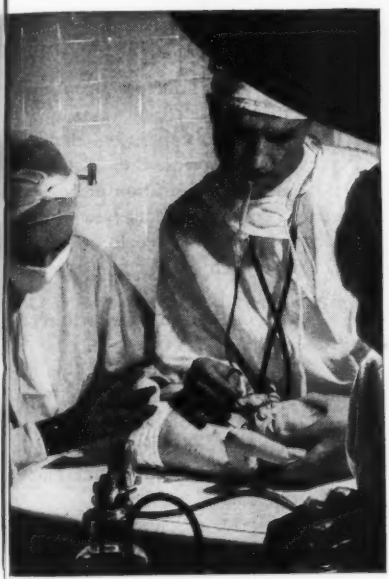
It's easy to forget about depression days when the going is good. Hence the surprise of many practitioners when they discover that in several parts of the country physicians' aid associations are now working full tilt.

In Los Angeles County, for example, the Physicians' Aid Association extends a helping hand to some fifty-five persons each month. Nearly all are physicians (or their families) who, a few years back, had large practices, plenty of life insurance, and sizable annuities.

What caused their financial decline? In most cases, the association reports, things that could happen to anyone: investments that didn't pan out; cash shortages that encouraged life insurance lapses; physical ailments that forced curtailed office hours.

The Los Angeles association, with $200,000 already salted away, is shooting for a half-million-dollar nest egg. Similar activity else-

OVER 1000 HOSPITALS ADOPT LOTION CARE FOR NEWBORNS



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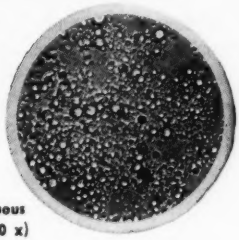
Hospital tests on thousands of newborns have shown that Johnson's Baby Lotion care lowers the incidence of miliaria (which often leads to more serious secondary infections) by impressive percentages.



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Johnson's Baby Lotion is a homogenized emulsion of pure selected mineral oil and water, with lanolin and an antiseptic added.

When applied to the infant's skin, the Lotion leaves a discontinuous film of micron-size oil globules, as the water phase evaporates.

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where would be a voluntary means of safeguarding the future of those among us who end up holding the short end of the financial stick.

That troublesome question of what to call a Ph.D. keeps bobbing up in medical circles. A medical school faculty member with a non-medical degree can cause no end of confusion by calling himself "Doctor." So can a propagandist for state medicine, who gains an aura of authority from the title even though his Ph.D. thesis may have dealt with basket-weaving in the Nile Valley.

Yale University has hit on a sensible method of handling the problem. If, for example, the professor of biochemistry is a Ph.D., the catalogue may read: "This course will be given by Mr. John Blankenship, Ph.D., head of the department, assisted by Dr. James Plank, instructor."

That same nicety of phrasing deserves wider use. Hip-deep in formulas for new systems of medical care, the public has a right to know what sort of doctor writes the prescriptions.

An alliance of doctors' secretaries has sprung up in recent years, dedicated to the proposition that all patients are worms. Candidates for this unique organization are called upon to pledge themselves as follows: "I hereby agree to

"Make each patient feel as small as possible.

"Give him nothing newer to read than a March 1944 Hygeia.

"Keep fifteen-watt bulbs in all waiting-room lamps.

"Allow no ventilation of any kind.

"Encourage office callers by saying, 'Doctor's busy; I don't know when he can see you.'"

If your Miss Schultz hasn't applied for membership in this club yet, see that she does so promptly. Otherwise, the next time you glance into your waiting room, you may find a few patients there.

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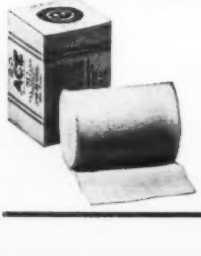

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Editorial

What's What on the Hearings

If Senators Smith, Ball, Donnell, Murray, and Pepper find time on their hands during their current layoff, they can while away some eighty hours apiece by reading through the testimony they took on health bills S.545 (Taft) and S.1320 (Wagner). Seventy-one witnesses delivered themselves of half a million words during hearings that covered a two-month period.

Right now the five senators are probably asking themselves a question that many physicians wonder about too: *What does it all prove?*

For one thing, the hearings have shown definite areas of agreement between those favoring the Taft Bill and those wedded to Wagnerian theories. This meeting of minds, however limited, led one onlooker to call the 1947 hearings "the most constructive yet."

Both sides have put themselves squarely behind some form of medical insurance. Both sides acknowledge that Federal funds are needed to help protect the country's health. Both sides say they are opposed to a top-heavy administration centered in Washington.

Better distribution of medical care—and, in some cases, more medical facilities and personnel—is sought by backers of the Taft and Wagner bills alike. Even witnesses for S.1320 admit that the country's medical armamentarium is as yet insufficient to deliver the comprehensive care their bill promises.

Perhaps most important of all is agreement that people who cannot now pay their medical bills should get first call on whatever tax funds are made available.

While both sides profess to concur on the ends they seek, there is still total disagreement on most of the means to those ends. Opinion is split completely on whether tax-supported medical care should be limited to the medically indigent or imposed on the population at large.

This failure to see eye to eye on the basic point at stake caused a number of heated exchanges during the hearings. Some Wagner witnesses squirmed under prolonged Republican cross-examination; others lashed back caustically at their interrogators.

Even so, this year's sessions probably won't hold a candle to next year's. According to one Washing-

ton columnist, "The current excitement is merely a warm-up for 1948, when the glorious spectacle of playing politics with public health will be turned loose on the voters."

When that time comes, both sides will slug it out to the finish. Meanwhile, the Wagner backers are congratulating themselves on the gains they have chalked up so far.

BY THE BOOTSTRAPS

When the hearings started, only the Taft Bill was to be discussed. But, before long, the Wagner contingent had succeeded in adding their measure to the schedule and had also engineered the calling up of more witnesses for their cause than the Taft people mustered for theirs.

Once they had the floor, Senator Taft's opponents heaped abuse on his bill, calling it a "charity measure," a "political sop," and an "example of the trickle-down theory of prosperity." Most of them denied that the bill was even a step in the right direction. The means test was dubbed an insult to those who needed help in meeting medical bills, an attempt to brand as paupers those who couldn't make ends meet.

In this strategy, the opposition was relatively successful. It attacked the Taft grants-in-aid plan at what appeared to be its most vulnerable spot; and few witnesses for the plan had had enough direct experience with means tests to refute the charges with authority. (One exception was Dr. Norman Scott of New Jersey, whose description of Newark's indigent care program showed how the "embarrassment" of free medical service could be circumvented.)

The Wagner group made good use of other strategems, too: They plugged the "decentralization" feature of their measure and its "explicit recognition of voluntary plans." They showed signs of careful coaching and joint research (some half-dozen witnesses, for example, referred to a 1939 AMA chart indicating that families with incomes below $3,000 needed help in paying for serious illnesses). And they spoke on behalf of an impressive variety of organizations that made the predominantly medical support of S.545 suggest a vested interest.

LOADED PANEL

On this latter score, the slate of witnesses for the Taft Bill left much to be desired. Few representatives of the public had been invited to speak in behalf of the measure; in fact, almost all who championed it were physicians. They were promptly accused of having an ax to grind.

Not only the selection of the Taft witnesses, but also the cross-examination of the Wagner witnesses could have been better. Too often, the sessions were dragged out with questions whose importance and relevancy were doubtful.

But granting the success of the Wagner maneuvering, and despite a few fumbles by the Taft forces, prospects for S.545 are not bad. In January the Health Subcommittee will resume hearings. After that, the bill will probably be revised. Then the subcommittee will report on the bill (a favorable report by a 3-2 vote is predicted).

The final move will be to try to push the measure through the full Senate Committee on Labor and Public Welfare and get it to the Senate floor. Senator Taft has put S.545, along with his bills for housing and education, on the Republican Party's "must" list for 1948.

The hearings did a lot to point out improvements to which the Taft Bill is susceptible—*e.g.*, its appropriation will have to be boosted if the bill is to get medical care to the 20 per cent of the people Senator Taft has estimated need it. At the same time, the testimony strengthened the feeling that S.545 is basically the right instrument for filling the gaps in private medical care. Its sponsors are sure of it. Physicians are becoming surer all the time.

Out of the half million words should come the constructive changes needed to turn the Taft Bill into a sound piece of national health legislation.

—H. SHERIDAN BAKETEL, M.D.

"DID YOU EVER THINK THAT MAYBE WE'VE GOT A VITAMIN B DEFICIENCY?"

If You Burn a Patient—What Then?

Unless you failed to exercise proper care or skill, you probably won't be held liable

If you burn a patient during treatment and he sues you, the court will apply the general test for malpractice: Was the injury brought about by your negligence or lack of skill?

Medical negligence has been defined as failure to use the degree of skill and care that other doctors in the community commonly possess and exercise under similar circumstances. Courts generally assume that a burn is not of itself presumptive evidence of malpractice. That puts the burden of proof on the plaintiff. He must not only demonstrate that he has been injured but also that your incompetence or negligence caused him to be injured.

A handful of jurisdictions accept the principle that the burn speaks for itself. The plaintiff need merely prove that he was injured as a result of diagnosis or treatment. He need not prove that your incompetence or negligence caused the injury; *you* must prove they did *not*. But since this doctrine is accepted by few courts, the ordinary rule that the doctor is innocent of malpractice until he is proven guilty is the one that needs discussion.

Here are some typical cases:

An Iowa woman charged her physician with negligence in treating cancer of the mouth. She said he used radium so carelessly that its container slipped around in her mouth, causing extensive burns to sound tissue. He failed to remove burned tissue, she said, and disfigurement resulted. But when the plaintiff produced no medical witnesses the judge dismissed the case. He said she alone was not competent to prove that the physician had failed "to observe the normal and ordinary practice of his profession in applying the radium or in the after-treatment."

An Arkansas court failed to apply that rule and was reversed on appeal. The plaintiff, a woman, had charged her doctor with negligent use of a fluoroscope in searching for a needle in her foot. As a result, she said, its ligaments were partly destroyed. She was awarded $4,000 damages, but a superior court reversed the decision on grounds that the plaintiff had produced no medical witnesses to support her claim.

When medical evidence is heavily against the doctor, the shoe is on the other foot. A New York long-

shoreman injured his arm, and his physician placed it in a baking oven. But the treatment permanently disabled the arm. Several medical witnesses later testified that the arm had been left in the oven far too long. The longshoreman collected.

HOT FLATIRON

Negligence was also proved easily in a Minnesota case. During delivery a woman complained of chill and her physician directed that wrapped, hot flatirons be placed in her bed. After delivering the infant, the doctor spanked it until it cried and then placed it beside its mother. There it continued to cry. Only after some delay was it discovered that one of the hot irons had become unwrapped and had slid against the baby's skull. A heavy verdict was returned against the practitioner.

A California doctor placed a compress on a crushed thigh and set an infra-red lamp 21 inches away to keep the compress warm. He left the lamp in that position for four hours; a third-degree burn resulted. Physicians testified that such a procedure was not good medical practice. The jury assessed the doctor $50,000, but the judge thought the amount was excessive and reduced it to $25,000.

Another California physician used a fluoroscope to examine a hand injury. The patient charged that his index finger was so badly burned as a result that it had to be amputated. Medical witnesses testified that the original injury would not have necessitated amputation, which they blamed on excessive radiation. Judgment against the physician: $14,942.05.

X-ray burns result in more suits than burns of any other type. An Illinois operator undertook to cure barbers' itch and inflicted severe burns; he was assessed $4,500. A New Jersey doctor's use of X-ray in treatment of pilonidal cyst was also adjudged negligent. An Iowa physician was held liable for permanently disabling a patient's hand by giving sixty X-ray treatments over two years in an effort to cure ringworm.

[PLEASE TURN TO PAGE 46]

Sink Test

A middle-aged man was talking to me in my consultation room. His former physician had told him, after examining a urine specimen, that he had a bad case of Bright's disease.

"Didn't you agree with the diagnosis?" I asked. "Well, yes," was the answer, "until he started to pour the specimen down the sink. He missed it by two feet."

—M.D., VIRGINIA

And judgment was taken against a doctor who used X-ray on a pregnant woman to the extent that her child was born mentally and physically defective by reason of burns.

Conflicting medical opinion often puts a severe strain on the lay jury. A Tennessee woman suffered third-degree burns during X-ray treatment for cancer of the cervix. At the trial, the issue hinged on judgment rather than on negligence. The roentgenologist said he believed a possibly fatal cancer should be arrested, even at the risk of burning sound tissue. But other physicians declared that tissue damage should be of primary concern. The judge then ruled that since the two theories were irreconcilable, a lay jury could not be expected to determine the correct therapeutic procedure. He found for the defendant because, he said, the issue was one of judgment, not negligence. His decision was later upheld.

When a case goes to a jury, the doctor must be prepared for a verdict he considers irrational. In spite of the considered evidence of qualified medical men, the lay jury may decide to apply "common sense," which in this connection may be merely the sum total of ignorance and superstition.

—RENZO DEE BOWERS, LL.B.

As the Bark on a Tree

An elderly man dressed in his best store clothes shuffled into my office. "I want you to look at my wife," he said, jerking his head to indicate that she was outside.

"Tell her to come in," I said. "She can't do it," he replied. "You come out and see her."

Parked in front of the office was a beaten-up old car, dusty from the drive into town. As I walked across the sidewalk I could see the man's wife sitting bolt upright on the back seat. Atop her head was her Sunday hat, complete with a mass of paper flowers. She paid no attention to our approach. I looked at her casually and asked about her trouble. No answer. I looked closer, and then grabbed her arm. "She's dead," I exclaimed.

"Thought so," said her husband. "Guess this visit won't cost me nothin' then, huh?" He went around the car and climbed in the front seat. As he started the motor he turned and asked, "What undertaker in town d'you reckon would put her away the cheapest?"

—M.D., OHIO

1946 Hospital Act Now Taking Effect

First $75 million of Federal funds for five-year construction plan is available to states

Last month the Hill-Burton Hospital Construction Act came of age. Congress had authorized the first of five annual $75 million appropriations and the Public Health Service was preparing to distribute it among the states and communities that could qualify. They would have to (1) agree to put up $2 for every $1 of Federal assistance; (2) survey existing facilities; and (3) submit an acceptable master plan of construction.

While some surveys were still under way, others had been approved. Construction could start as soon as the states and their communities got together and made matching funds available. California, Mississippi, North Carolina, Utah, and Alaska had been the first to agree to contribute one-third of construction costs if their communities could raise the other third.

Dr. J. P. McGibony, speaking for the PHS, said the $3 million Federal investment in the surveys (matched dollar-for-dollar by the states) had been money well spent. "Once before, the Government tried out a hospital-building program," he commented. "It was done on a first-come, first-served basis with little advance planning. Far too many of the 800 hospitals built turned out to be white elephants. They had been put in places where people could not afford to maintain them, or where professional staffs were unavailable."

The exhaustive character of current surveys would eliminate such hazards, Doctor McGibony told newsmen last month. He showed them a huge volume containing the Oklahoma report. That state, he said, had 5,891 beds available in approved hospitals but needed 3,685 more. Its master plan called for one large teaching hospital in Oklahoma City (already built), ten general hospitals in the state's urban areas, and sixty-one health centers in rural communities.

Federal funds are being distributed largely on the basis of need, so that poorer states will receive relatively more than richer ones. But the PHS cautions physicians that the five-year program is just a starter, since it will provide only one-quarter of the hospital beds the country needs.

—ALLAN COBB

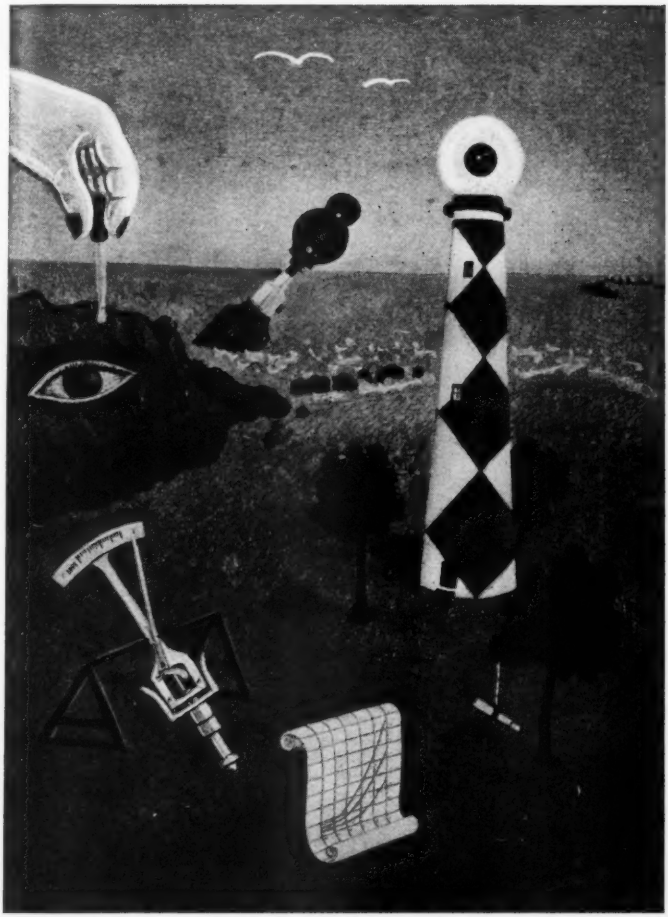
SURREALIST

Salvador Dali, one-time designer of jewelry and furniture, has nothing on Clyde W. Geiter (above). The Detroit physician once went in for window trimming and show-card writing.

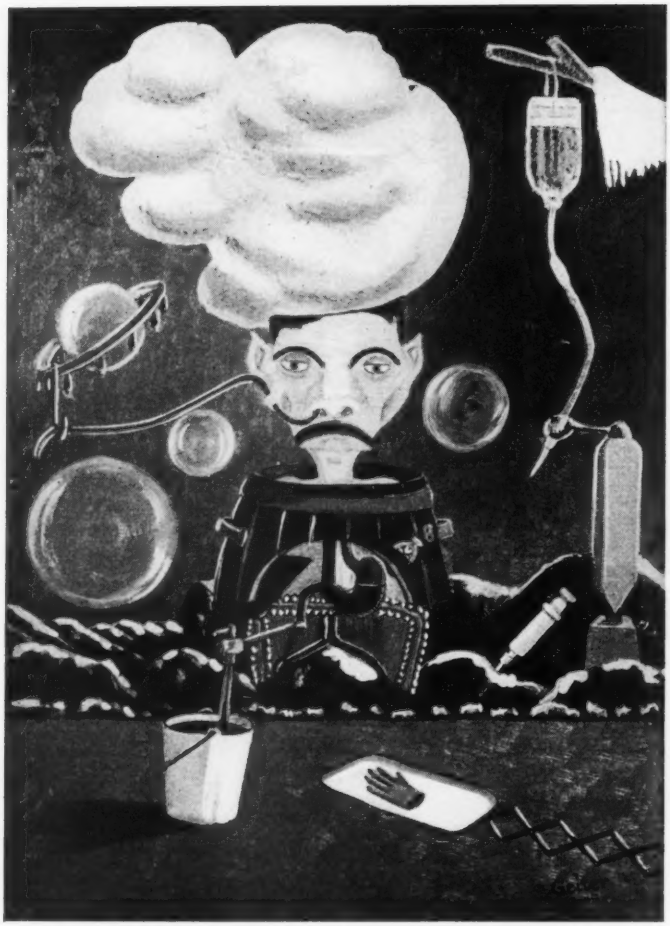
Dali became a surrealist because he had been influenced by futurists in Madrid. Doctor Geiter, a self-taught artist, became one because he was a physician. "You can't show pathologic entities in traditional art," he explains.

To date he's done the four paintings shown here and on the following pages. He plans to do more.

DIABETES (below): Rainbow illustrates action of Benedict's solution. Syringes imply acclimatization of patient to injections. Amputation represents danger of gangrene. Scale, on table, reflects dietary care needed; oranges in foreground are for hypoglycemic shock.



GLAUCOMA: Lighthouse on point is danger warning. Normal eye atop it and ship indicate smooth sailing if treated early. Afflicted eye beneath dropper suggests responsiveness to drugs. Schiotz tonometer, chart, and ophthalmoscope in water symbolize diagnosis. Telescope hanging in tree indicates advanced glaucoma.



GASTRIC HEMORRHAGE: Anemic face, below cloud representing lightheadedness, rests on body (barrell) half filled with viscera. Wangensteen tube leads to nose. Bottle of whole blood, on tree branch with dripping icicles, and syringe, for sedative, point down to glove on tray that suggests possible operative relief.

MENOPAUSE: On green meadow, life is balanced; uterus outweighs oral medicine. Nervous condition, shown by mask, is topped by toxicity represented by rattlesnake. Ice and flaming torch are obvious, as is hormone injection. Buildings in clouds represent lift resulting from injection; hand at lower right symbolizes depression.

How to Save Money on Heating

These tips may save you 50 per cent on next winter's fuel bills

About the time the birds fly south, many a physician turns his thoughts to a soaring item in his office ledger. Topcoat weather brings with it a perennial budgetary problem: how to beat the high cost of heating.

Actually, there are plenty of ways to beat it. By taking advantage of them, it's seldom that your annual heating bill can't be cut by one-third. Often it can be sliced neatly in half. What's more, the money you spend for greater heating efficiency this winter can be made to bring you a handsome annual return for many winters to come.

WHERE THE MONEY GOES

First, consider what causes high heating bills. The following are likely to be the six chief offenders:

¶ Heating plant not operating at full mechanical efficiency.

¶ Overheating.

¶ Excessive amounts of air seeping into the building.

¶ Excessive amounts of heat seeping out of the building.

¶ Failure to capitalize on free forms of heat. (Sun heat, for example, can help whittle down fuel bills in many parts of the country.)

¶ Uneconomical choice of fuel. (Select the fuel that can be bought and used to best advantage in your own locality.)

When you start checking on these six money-wasters in your own office, keep one governing principle in mind: Do the least costly and most effective things first.

CALL THE REPAIRMAN

Start by getting the heating plant itself into top-notch operating condition. Your best bet is a local heating man who has a reasonable knowledge of heating practice and a high degree of honesty. Let him go over your whole plant.

Have him see that the furnace or boiler is clean and airtight. Have him see that grates or burners are properly adjusted and that dampers and controls are properly set. He can also check on valves and radiators, see that chimneys and

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► C. H. B. Hotchkiss, author of this article, is well known in his field as the former editor of Heating & Ventilating magazine.

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flue pipes are free from soot.

Nine times out of ten, the cost of what he'll recommend won't be high. It's an equally good bet that the money spent on heating plant repairs will be returned to you in actual savings within one heating season.

FILL IN THE CHINKS

Once the plant is in good order, turn your attention to making the building airtight. This step is listed second because experience has shown it yields a high return on the money you spend.

Any good carpenter can handle this job. Have him see that outside doors fit their openings snugly; that there are no gaps between the building's foundation and its wood frame. Let him examine the space where the studding of the walls joins the roof to see if air is seeping in there. Whatever openings he finds should be tightly plugged.

Your office windows should be checked in at least three places: Where the glass meets the movable frame, replace any putty that has fallen out. Where the movable frame joins the stationary frame, use weather stripping to close the chinks. Where the stationary frame fits into the building wall, fill the gaps with oakum or one of the special fillers.

Rubber or felt weather stripping can be purchased for as little as 5 cents a foot. Metal weather strips cost more but pay off in greater durability. If you're thinking about building a new office, look into the newer window-frame constructions that feature built-in metal weather strips.

If yours is one of the brisker winter climates, storm windows may be a good investment. The old-fashioned type, filling the entire window opening, is likely to do a better job of shutting out drafts than some of the newer, clamp-on, double windows. Storm windows derive much of their effectiveness from the way they interpose a second thickness of glass between the inside and outside air, thus creating a dead-air space.

ABOUT INSULATION

Cutting down the flow of heat through the building materials is the next objective. Here are three ways to accomplish this, listed in the order of greatest dollar returns: (a) double-glazing the windows, or buying ready-made windows with double or triple panes; (b) insulating the ceiling between attic and living space; (c) insulating the exposed side walls.

Each type of insulating material has its special place. On the side walls of a wood-frame building, about the only kind of insulation that can be applied is that of the granulated fill type. It is blown or forced into the space between the studs. On a solid-wall structure, there is little practical possibility of applying anything but a board type of insulation. You have more choice with a ceiling under an open

attic space. Here any type of insulation—fill, board, or blanket—can be used.

HEATING PLANT ECONOMY

The steps listed above are ones you'll want to investigate before winter comes. But when snow flurries are actually upon you, consider these additional hints for getting the most out of your heating plant:

1. Let sunshine in whenever possible, especially in the coldest weather.

2. See that service openings such as garage doors, coal-chute openings, basement windows, and fireplace flues are closed tight when not in use.

3. Make a habit of keeping doors and windows closed as much of the time as possible.

4. Don't use windows as escapes for excessive heat. That's the job of valves and dampers on radiators or registers.

5. Rely on automatic controls to slow down your plant during mild weather. See that your thermostat keeps room temperature steady and alters the heat output of your plant to suit changes in the weather.

6. Shop around among neighborhood fuel dealers to make sure the fuel you're using is the best buy available. Take full advantage of local variations in fuel prices.

—C. H. B. HOTCHKISS

"AND WHAT COULD I POSSIBLY DO FOR YOU?"

British Medical Men Protest Government Health Act

But split in profession weakens their stand

Nationalization of British medicine is scheduled to take effect next July. The National Health Service Act is now on the statute book. The only apparent hope of thwarting it will be refusal to participate by at least 75 per cent of British physicians. And that hope is not too bright.

The effective date of the program could of course be postponed, as it has been once before. And the plan could take effect in part then rather than in its entirety. But these developments would mean no more than a delaying action.

The British Medical Association wants guarantees that the doctor will continue as a private practitioner and not become a servant of the state. If it cannot win those guarantees by negotiation, it will have only the nonparticipation weapon left. The association is careful in that respect to point out that nonparticipation would not constitute a strike, that physicians would continue to care for patients on a fee-for-service basis (or, for indigents, gratis).

Despite scattered demonstrations against nationalizing British medicine (see cover), there is doubt among BMA officers that they can get 75 per cent of physicians to agree on nonparticipation. They feel it would be even more difficult to keep that 75 per cent adamant in the face of public criticism that would almost surely follow.

NEW PLAN VS. OLD

There is little evidence that Britons generally dislike the new plan or believe they would get inadequate medical service under it. Since 1911 England has had a limited form of national health insurance for low-income workers. Both the BMA and the public feel it has worked fairly well. Coverage under the existing plan is confined to general medical care (excluding hospitalization and treatment by specialists). Only employed workers earning up to £420 a year are protected; their families are not.

A good many British M.D.'s do not realize even yet that the new system would be radically different, with the state assuming complete responsibility for providing all med-

ical services and facilities for all the people. That set-up, BMA officers say, would necessarily make the participating doctor a civil employe.

Some British doctors have raised a hue and cry because under the National Health Service Act the Minister of Health could say where a doctor shall practice. The Government argues that if it is to provide medical care for everyone, as directed, it must assign doctors to districts lacking adequate services. Medical men see some logic in this stand but still don't want any part of a system that would make such dictation necessary. Already settled practitioners would not be disturbed by the new provision unless they wished to change locations. Newly qualified doctors and those seeking new places to practice would be the ones affected. They would have to get permission to set up offices. Permission would be refused if the doctor quota in the location chosen was already filled.

Commenting on the present system, Dr. Charles Hill, BMA secretary, told MEDICAL ECONOMICS recently that it has not been harmful to either the doctor or the patient. He says it affords a reasonable degree of free choice, does not interfere with the doctor-patient relation, and pays fees (15/6d. a head) instead of a salary; so that the doctor is the servant of the patient, not of the state. The program has been likened in some respects to the one the Taft Bill would provide in this country.

Doctor Hill stresses the point that the new health insurance act would be implemented largely by administrative orders or directives, rather than by specific provisions in the statute itself. Great leeway would thus be allowed the administrators, and the BMA is fearful of the result. "God only knows what we'd be getting into," says one of its spokesmen.

There is reason for his trepidation. Even under the present limited plan, there has been such a pyramiding of rules, regulations, official interpretations, and explanations of the interpretations that the doctor must refer constantly to a 1,200-page handbook in the conduct of his daily practice.

The BMA would like a hand in writing the new regulations, but the Government says no. The Minister of Health points out that he must act within the framework of the law, and that he can make no extralegal agreements. His conciliatory attitude in recent discussions, however, indicates that he is worried about nonparticipation by doctors; for it would stir up a hornet's nest in England and the Government could hardly avoid getting a few stings.

Doctor Hill believes that if three-quarters of all British doctors vote for nonparticipation in a plebiscite that is going to be held on a date not yet set, the new state medicine

plan will fold. But, he says, some doctors do not realize what they have at stake; others are simply exhausted from fighting—first fascism abroad and then socialism at home. They have little energy left to engage in a scrap. What's more, he points out, a number of British physicians have themselves become Socialists and are articulately supporting the Government's position.

WHAT THE DOCTORS WANT

A few months ago, the BMA polled physicians on the question, "Shall we continue our discussion of regulations with the Minister [of Health, Aneurin Bevan]?"

Said a London observer for this magazine: "It was like asking 'Shall we agree to work the act?' And here was a strange thing: At medical meetings, 95 out of every 100 physicians had voted against the act. In the poll, 37 per cent of civilian doctors voted in favor of discussions with the Government, 44 per cent voted against, and 19 per cent did not vote at all. The truth is that half the doctors of Britain never go to medical-political meetings and among these there was likely to be greater acceptance than among the politically educated.

"In view of this poll, the BMA first considered halting negotiations with the Government. Then, after a conciliatory letter from Bevan, it voted to resume conferences with the Health Ministry. In the course of these talks, both sides have gone over the new act line by line. Government underlings have transmitted the doctors' views to Bevan. His reply is awaited with heightened interest because of his recent hint that there might be an amending bill.

"It may be that Bevan expects to divide the profession. A little while ago he descended upon the annual assembly of medical students and flattered them at the expense of their seniors.

"In the BMA poll it was noteworthy that the younger doctors were the more favorable to Government proposals. Of those who had been in practice only up to seven years, 4,500 voted in favor of opening discussions with the Minister, and 4,000 against. Of those who had been in practice over fifteen years, only 9,400 said yes as against 13,500 who said no.

"The young doctor in Britain is not the way he is without some

Handitip

Baby Magnet

How to keep babies from getting irritable during examinations was my problem. I solved it by attaching a large, square mirror to the wall alongside my examination table. Most of my infant patients are so engrossed now by their own reflections that they pay no attention to me, leaving me free to examine them in peace. —M.D., TEXAS

reason. After a long and expensive training he finds himself up against an unprecedented economy where one can hardly afford to be born, cradles being so expensive; or to die, the price of coffins being so exorbitant; or to be married, with houses and their contents all but unprocurable."

DIVERGENT VIEWS

If Bevan does hope to split the profession, he has a ready-made crack to aim at. There is a group within the BMA that is unalterably opposed to the new health act and to the entire program of the Labor Government. It feels that the BMA is conducting a sham fight and is in effect helping to implement the bill. Doctors in this group claim that the question used in the BMA poll was badly worded. The results, they say, do not represent the convictions of the profession.

They have formed an organization called the Medical Policy Association. Through it, they hope to educate the profession not to work with the Government. And, to back their charge against the BMA poll, they plan another referendum.

Doctor Hill agrees that the BMA referendum did not necessarily reflect the profession's opinion on participation versus nonparticipation. A good many doctors, he believes, wanted the BMA to continue negotiations even though they did not approve of nationalized medicine and possibly would not accept it in the end.

Besides the MPA, some of the specialists' societies disapprove of BMA tactics. Their members think that undesirable aspects of the new act can be corrected by subsequent regulations. When the presidents of three societies wrote a joint letter to Mr. Bevan asking for assurance that their objections would be met, their action angered many colleagues who wanted the profession to put up a unified front. Views of the latter were summed up by Dr. A. Dickson-Wright, a member of the BMA council: "If we stick together we can lay this fellow Bevan by the heels and stop this fanatical legislation. Otherwise . . ."

WHAT THE ACT SAYS

Mr. Bevan now says the Government would like a capitation system "with an element of salary." As already reported, he concedes to doctors the right to enter the system, to stay out, or to serve part-time and maintain private practice on the side. He declares the "full civic rights" of physicians would be unimpaired.

Nevertheless, the BMA is wary of the following principles incorporated in the act itself:

1. The buying and selling of general practices would be barred. Purchase of a practice is a traditional way of getting a start in British medicine. As an offset, the Government would purchase the good will of all general practices, paying the equivalent of about 1½ times their current yearly gross.

That would mean an outlay of about £66 million distributed among some 18,000 principals (G.P.-owners). But there is a condition: About 10/11ths of the purchase price would be withheld until each physician retired or died.

2. It would be illegal for partner-physicians to distribute their income except in proportion to their capital investment. That is, no extra amount could be made payable to an older partner who might bring to the partnership the benefit of a large clientele; nor could a younger partner receive less in his early years with the idea of taking over the partnership when the senior man retired. Thus, almost all existing agreements would have to be redrawn—and medical partnerships in England are the rule rather than the exception.

3. The act not only requires the Minister of Health to take over all voluntary hospitals but authorizes him to expropriate any other private institutions for hospital purposes if he sees fit. This, the BMA fears, would discourage physicians from developing outstanding private institutions, since they'd be open to Government seizure.

ACTIONS TO DATE

The first concrete step to implement the act was the establishment in July of fourteen regional hospital boards. These boards will coordinate all existing facilities (hospitals, clinics, health centers) that now work independently. Appointments to these boards are honorary, but the Government is advertising for physicians with administrative experience to serve in the hospitals and health centers.

The Government has also appointed some 130 executive councils to set up the family doctor service (one council for each borough or council). Their work, however, has not progressed far, partly because of the absence of a definite plan.

LESSONS FOR U.S.

A reporter for this magazine recently asked Sir Guy Dain, chairman of the Council of the BMA, what American medicine could learn from the British experience. He offered three points as a starter:

1. A limited form of tax-financed health insurance (such as the Taft

[PLEASE TURN TO PAGE 116]

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Plain Envelopes

Some people who owe good-sized medical bills keep their consciences clear by throwing away unopened any envelope bearing the doctor's name and address. After a few tries, I always enclose my bill in a plain envelope, hand-addressed. Since it resembles a personal letter, the debtor usually reads it. I've found this method does a lot to spur lagging payments.

—M.D., MICHIGAN

'Wagner Bill Needed to Carry Out Taft Bill Aims'

A leading philanthropist plumps for S.1320

When first invited to testify on the national health bills now under consideration, I was hesitant to accept. Although I have long been deeply interested in these measures, I could not see where I qualified as an expert.

Certainly, I cannot qualify as an expert on the technical or scientific phases of medical practice. In that respect, it may be we are all in the same boat. Yet I think I do qualify on other grounds.

First, I am an expert sufferer. As a young man of very modest means, I married. A short time later my wife was taken with a grave illness that continued intermittently for 34 years until her death. Within the first year of that illness, medical bills completely wiped out our small savings.

This financial blow was a staggering one to me. To my sick wife it was an added burden, a constant worry that no ill person should be asked to bear. I was fortunate in that my business ventures were successful. I was able to stay one jump ahead of the onrushing bills. But I know and you know that many millions of others, working on fixed salaries or struggling to make a go of farms or small businesses, have inevitably gone under when subjected to the same devastating strain.

I think I qualify, too, as an expert because I have spent all my life in fairly big business. Like most

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▶ Albert D. Lasker, whose recent testimony before a Senate subcommittee on health is condensed here, has been active in many fields. He runs the Albert and Mary Lasker Foundation, which has given large sums to fight cancer. He served formerly as chairman of the War Shipping Board and as assistant chairman of the Republican National Committee. Enterprises he has owned or directed include Lord & Thomas (advertising agency), Pepsodent, Kleenex, and the Chicago Cubs. His views are presented as typifying those of laymen who support compulsory health insurance. Contrasting opinions appear elsewhere in this issue.

other business men, I have long been aware that productivity, the key to the prosperity of employer and employe alike, falls whenever sickness strikes. Last year alone, American industry lost about 600 million man-days of productivity because of sickness.

No matter how strongly I feel that one of the bills before you offers a solution and that another does not, I would be sadly lacking in judgment if I did not recognize that both these bills come from men who have agreed on one great principle, namely—and I here quote from the preamble of S.545—"That it (should be) the policy of the United States to aid the states to make available medical, hospital, dental, and public health services to every individual, regardless of race or economic status."

If I could make no other point, I would want to hammer home the fact that in the very act of writing these bills, there has been a meeting of minds. You senators have earned the gratitude of countless citizens by holding these hearings and by seeking to frame a final bill that will carry out this great aim.

TAFT BILL HIT

It is generally accepted that our present national medical care costs about $5 billion a year. S.545 calls for $200 million a year from the Federal treasury—just about enough to take care of the medical needs of 5 per cent of the people. If we allow for state matching, we will still take care of not more than 10 per cent.

Yet in 1945, 69 per cent of all American families—97 million people—earned less than $3,000 a year. Back in 1939, when $3,000 was a whale of a lot more than it is today, the American Medical Association published a chart stating that families with incomes under $3,000 per year needed help in varying degree to meet the cost of serious illness. Two hundred million dollars cannot begin to serve 69 per cent of our people.

Suppose you decide to limit aid to the bottom 5 or 10 per cent. What then? You'll take care of the chronically indigent, those who can

Philanthropist Albert D. Lasker, a "Vandenberg Republican," opposes Taft Bill because it gives "too little to too few."

never contribute much to our general productivity. You will not do anything for the vast lower middle class—the people who pay taxes, grow our food, make our cars, operate our factories, run our offices. They will still have to defer going to the doctor for fear of bad news when he examines them. They will still have to go to loan sharks, sell their few bonds, hock their cars, and worry themselves doubly sick as a punishment, one might think, for being a shade above the indigent level.

S.545 authorizes the Government to provide socialized medicine for the indigent. It puts a penalty on the worker, who is two-thirds of our population. The methods of the bill have no connection with its stated aims, quoted above.

In principle I am for almost everything that is in S.545. To that extent I am for socialistic medicine. There are some areas in which every society has to go socialistic. One is veterans' medicine; another is medicine for the indigent. But I am in favor of having medicine and medical treatment made available to the two-thirds of the producing people who cannot afford them now. My quarrel with S.545 is that it is not comprehensive.

WAGNER BILL UPHELD

The other bill before you, S.1320, calls for buying medical care on the installment plan. It calls for an insurance pool to which all would contribute and from which all would draw when need arose. I hear that called socialized medicine, too, but in my day I've heard a lot of things we now accept called socialistic.

When I was a boy, a law was passed creating the Interstate Commerce Commission. Most solid citizens felt that the ICC spelled the end of private enterprise. We had the same sort of opposition to the Federal Reserve Bill, the Securities and Exchange Commission, the Federal Trade Commission. All were opposed as marking the end of private enterprise.

Even the Pure Food and Drug Act was so opposed. It is to the everlasting credit of the American Medical Association that the association wasn't stopped by cries of "socialism," but fought and fought until it convinced Congress and the country that we needed such a bill, with teeth in it.

I was on the opposite side of the fence on that Pure Food and Drug Act. I had many food and drug connections and I shared fears that the act would injure the two industries. I've since learned to be grateful for the law. In the process, I've learned that socialism is often a word used to scare us when argument cannot convince us.

Frankly, I don't think insurance for any purpose is socialism. It's as American as corn or apple pie. That's why Congress has passed a dozen or more Federal insurance programs—crop insurance, war

risk insurance, unemployment insurance, old age insurance, and so on down the line.

If you adopt the insurance principle to provide medical care for all, you put a premium on self-help. Instead of providing medical care as a dole for the indigent, you make it the bought-and-paid-for right of free men and women. No swarms of investigators have to check up on whether our fellow Americans are indigent enough to deserve a Government handout. No citizen has to undergo the shame of public pauperization to secure medical care for a sick child.

We are told that it will cost from $4 to $6 billion a year. Frankly, I think it may cost more, at least at first. You will not only have to finance the insufficient medical care our people now get, but also the care the people need but cannot now afford. But S.1320 won't cost the people anything remotely like $4 to $6 billion *added* money. True, all the people will pay taxes to the Federal Government to cover the cost of the insurance. But much of that money will come right from where it comes now—from people who pay medical bills today.

S.1320 IN ACTION

It has been said that after we begin collecting the tax for medical care insurance there will be some time lag before adequate medical care will become available to all. Obviously, removing the financial barriers that now dam up public demand for medical care will not *cause* a shortage. It will *bring to light* the shortage of physicians and medical care facilities that now exists in some areas. But surely it has never been the American way to refuse to march forward to a better and more expansive life because we have to face obstacles.

Before too long, I think we will find the cost of sickness insurance falling. People will be going to their doctors earlier. Consider cancer. Many types of cancer, caught early, are curable. If we make it possible for people to detect and treat cancer early, we can not only save the lives of nearly half who now die—important as that will be—but we can also save the expense of their long-drawn-out illnesses.

S.1320 proposes to help the people pay for their own medical care. Not so with S.545. We already

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Bulletin Board

One of the most useful devices in my office is a black velveteen signboard. White plastic letters are hung on it to call attention to changes in office hours, vacations, etc. Most photographic supply houses will sell you one of these signs, complete with easily changed letters, for about $7.

—M.D., NEW JERSEY

have one tremendous group of our citizens, the veterans, properly covered by a system of socialized medical care paid for out of Federal funds. But do we want to extend that system of Federal subsidy to millions more, without responsibility and without contributions from the people? In times of stress such as we experienced in 1932, the beneficiaries under S.545 would multiply beyond any present concept. They would constitute a burden on the treasury when the treasury could least afford it.

I believe there is better medicine in the United States today than anywhere in the world. But it is still far from being what it should be. More medical schools and more medical experts will *make* American medicine what it should be. But I differentiate between the practice of medicine and the ability to take advantage of it.

STRAIN OF MEDICAL COSTS

Let me tell you a little story. While I was very sick in Presbyterian Hospital in New York, a barber I had known for many years came in three times a week to shave me. One day he looked so bad I thought of saying, "I'll roll over; you should be in bed, too." I told an interne about it and the hospital gave him a bed.

That man is raising a family. In his haste to educate them, he has saved little money. He is always working on the next day's receipts. He was in that hospital four months and is still under medical care. If I hadn't paid his expenses, the man would have worried so much as to what would happen to his family that he never would have gotten well.

But had there been national health insurance to cover this man's ailment, which is ulcers, due largely to worry over his economic condition, he would have gone to the doctor earlier and had himself taken care of.

It is for such people that I speak. I do not call them the little people, because they are not the little people. They are the big people of this country. They are the heart of this democracy. Unless we give them an opportunity to pave their way to health, we are not strengthening our democracy.

S.1320 undoubtedly is no perfect bill that should be passed in its present form. I take it there will be a lot of changes and that these hearings are being conducted on that principle. You cannot come into a full flowering in this kind of a venture the first day, the first month, the first year, or even the second year. But in the end it isn't always the length of the step that counts, but the direction.

While I favor the declaration of purpose in S.545, only S.1320 carries it out. And I believe that on a ten-year operation of compulsory health insurance, this country would show a net profit in dollars and cents. —ALBERT D. LASKER

Senate Hearings Close in Burst of Oratory for Wagner Bill

But health subcommittee still leans toward Taft plan

The backers of the Wagner health bill were down but not out. In the month before Congress closed up shop, thirty-eight of them swarmed before the Senate's subcommittee on health to boost S.1320 and tax-financed medical care for all. Their unexpected torrent of testimony left Taft Bill advocates a bit taken aback. Only thirty-three witnesses for their own S.545 had been called up.

But though the backers of the Wagner Bill carved out a last-minute numerical edge, they failed to shake many convictions. Subcommittee members still favored the Taft measure, 3-2 (Senators Smith, Donnell, Ball vs. Senators Murray, Pepper). Soon after January, when the hearings were to be resumed, they would make their vote official, then try to push a modified S.545 through the full Senate Committee on Labor and Public Welfare. A thin majority was in prospect there.

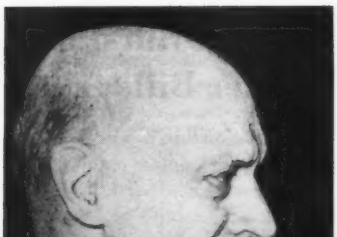
Once the bill reached the Senate floor, Republican leaders hoped to have the way cleared. For the 1948 election year they had designated health, education, and housing as priority legislation.

▶ This is the third article in a series highlighting the recent Senate hearings on sickness insurance. Other testimony of special interest appears elsewhere in this issue; more will follow. Statements quoted have been condensed.

WITNESSES GET GRILLING

The line-up that confronted the subcommittee a month ago included many familiar faces. Physicians for S.1320 were represented by Drs. Ernst P. Boas, Allan M. Butler, and John P. Peters Jr. Government spokesmen included Surgeon General Thomas Parran and Federal Security Administrator Watson B. Miller. Labor support for S.1320 was voiced by Nelson H. Cruikshank of the AFL, James B. Carey of the CIO. Most familiar of all was the fluent Michael M. Davis, executive chairman of the Committee for the Nation's Health and longtime apostle of compulsory health insurance for everyone.

As these witnesses and others



Balance of power on Senate's health subcommittee rests with Chairman H. Alexander Smith, who's against S.1320.

Watson B. Miller, FSA chief, would be top administrator of medical care system proposed in Wagner Bill, which he favors.

paraded to the stand, they got a thorough going-over from Sen. Forrest C. Donnell (R., Mo.). His pointed questions were aimed at (1) showing how little the witnesses knew about compulsory health insurance in other countries; and (2) illuminating common sources of propaganda. But Senator Donnell was under constant heckling from Sen. James E. Murray (D., Mont.), who scoffed at many of his questions as "irrelevant" and "insulting." Thanks to this steady cross-fire, the hearings were lifted out of their first-month doldrums.

A high point came when Senator Murray flushed a full-fledged Communist. Ernest Rymer, on behalf of

A practicing lawyer for 34 years, Sen. Forrest C. Donnell turned witness stand into a hot seat for men opposing Taft Bill.

S.1320 and the International Workers Order, had been sweating out an extended cross-examination. Trying to get the witness off the hot seat, the Montana legislator asked, "Are you a member of the Communist party?" and, unexpectedly, the witness said, "I am!" Senator Murray retreated to an "I-knew-it-all-the-time" line, adding hastily that Mr. Rymer had not testified at *his* invitation.

At the other extreme was endorsement of S.1320 as "a moral and religious necessity." This stemmed from the Rev. Alson J. Smith of the Methodist Federation for Social Action, which he said was "enthusiastically and prayerfully in hearty endorsement of the Wagner-Murray-Dingell Bill."

With a Communist and a cleric thus linked in support of compulsory health insurance, the hearings recessed a month ago. Seventeen days of testimony-taking had produced half a million words on the basic issue: tax-supported medicine for those in need vs. tax-supported medicine for all.

When the hearings resumed, at least one witness would be recalled. He was Isidore S. Falk, principal author of S.1320 and research director of the Social Security Administration. A probe into Falk's alleged propagandizing for state medicine started more than a month ago. After a day spent questioning this witness, the Senators had traced his activities only through 1938. He was ordered,

Newcomer to the Wagner team is Sen. J. Howard McGrath, former Rhode Island Governor, co-sponsor of S.1320.

Senatorial cross-fire singed AFL's Nelson H. Cruikshank when he plumped for tax-financed medical care for all.

therefore, to come back in January.

In their final stages, the hearings revealed some spheres of agreement. Said Sen. J. Howard McGrath (D., R.I.), an S.1320 sponsor: "I think we all now agree that health insurance is desirable and that some Federal aid is needed to encourage its spread. S.545 confirms the fact that these broad principles are now accepted. The disagreement is on whether health insurance should be voluntary or compulsory, and the extent and character of Federal aid that can make health insurance a reality."

WHERE MINDS MET

Watson B. Miller found still more common ground. Said the Federal Security Administrator: "These public exchanges disclose that the people have

"1. Recognized a Federal interest, to be backed by Federal finances, in the health of each person in our country.

"2. Agreed on the necessity for broadening the availability of medical care and health services.

"3. Accepted the wisdom of overcoming shortages of personnel and facilities as rapidly as practicable.

"4. Asserted the necessity for some prepayment method for meeting the costs of medical care.

"5. Agreed upon the wisdom of decentralizing the administration of any national health program."

Agreement between the two sides was greater, in fact, than the language they used would indicate. At least that was the opinion of Surgeon General Parran, who told the Senators: "I think we make too much of certain phrases like 'compulsory vs. voluntary' and 'health insurance vs. taxation.' Insurance, if it is compulsory, is a tax. But don't forget that every tax is insurance of a sort."

ENDS VS. MEANS

Doctor Parran's idea drew a swift second from Dr. Allan M. Butler. S.545 was not entirely free of compulsion, he pointed out, since it, too, would be financed by tax funds.

Many proponents of compulsion gave their nod to the aims of the Taft Bill. Nearly all scored its methods. Said Andrew J. Biemiller, a former Congressman: "We do not quarrel with the objectives of S.545. They are good objectives. But S.545 will not accomplish them. To the extent that the sponsors are able to convince the American people that these objectives will be accomplished by the bill, they are guilty of perpetrating a political fraud."

Robert J. Silberstein, testifying for the National Lawyers Guild, said: "Senator Taft has declared that his bill would probably extend medical care to 20-25 per cent of the population. Yet S.545 states that 'it is the policy of the United States to make available medical, hospital, dental, and public health

[PLEASE TURN TO PAGE 119]

When You Change Your Address

These reminders will help prevent disruptions when you move

Have you had to settle in temporary post-war quarters? Are you looking for a new location for some other reason? Here's a check-list of people and organizations to notify when you change your address.

Army or Navy: If you hold a reserve commission, keep the Adjutant General or the Chief of Naval Personnel informed.

Banks: Notification ensures prompt arrival of monthly statements.

Board of Medical Examiners: If your home or business address changes, or if you open a branch office after your annual registration, the Board of Medical Examiners must be notified.

Collector of Internal Revenue: Have the narcotics division alter your stamp when you move; otherwise your narcotics license will become void. If you pay your income tax in installments, tell the tax division your new location.

Commissioner of Motor Vehicles: Cover both your car registration and your operator's license.

Consultants: If you specialize, notify physicians who refer cases to you. Don't rely on the telephone company to pass your new number along.

County Clerk: Recording your license with the county clerk helps to establish your professional identity in a new community.

Creditors: Send your new address to surgical supply houses, department stores, utility companies, clubs, pharmacists—anywhere you maintain a charge account.

Hospitals: Check off those with which you are connected.

Insurance Companies: Postcards to the companies that carry your life, health, accident, fire, and malpractice policies will ward off interruptions in coverage. Notify also the companies for which you do physical examinations.

Lawyers: If one of your patients has a lawsuit pending that concerns you, his lawyer must know your new address. Tell your own lawyer, too.

[PLEASE TURN TO PAGE 70]

Medical Service Plan: If you handle prepay cases, notify plan headquarters.

Medical Societies: Hit all three: county, state, and AMA. Notify journals separately. Shuffle through your wallet to make sure you don't overlook other organizations in which you're enrolled.

Patients: A printed or engraved notice or a short personal note will do the trick. If a patient is in the middle of a series of treatments, you'll of course have to make special arrangements for him.

Periodicals: Only first-class mail is forwarded free to a new address. If you want magazines, circulars, and literature to keep coming, pass the word to their senders.

Veterans Administration: Participants in home-town care plans must notify the office that pays their V.A. bills. —NELSON ADAMS

Sauce for the Gander

I had operated on a patient and visited him at his hotel almost every day for two weeks. When I was about to discharge him, he asked for my bill. On my return to the office, I asked my secretary to make it out for $250 plus $20 for each visit.

"That's only $750," she objected. "You've got to make it more than that. The man's a millionaire. If you charge him only $750, he'll think you're not much good. Make it $1,500."

She finally persuaded me, made out a bill, put it in an envelope, and handed it to me. Next day, without looking inside the envelope first, I gave the bill to my patient. He examined it, smiled, and said, "Thank you. I thought it would be about $5,000."

"That's all right," I laughed. "Make it $5,000 if you prefer."

"Oh, no," he answered, "I never alter a doctor's bill." He wrote out a check and passed it to me. It was for $2,500. Apparently, in spite of what he had just said, he was giving me an extra $1,000, so I thanked him and returned to my office, still wondering how the man could reverse himself so.

When I told my secretary about it, she said, "Oh, Doctor, you're such a poor businessman. That's the amount of the bill I made out—$2,500."

That kid got an extra $250 that week. —M.D., NEW YORK

A Check-List of Investment Terms

It's hard to keep tabs on the market unless you speak the language

[EDITOR'S NOTE: For anyone who wants to follow the dollars he has invested, Wall Street lingo is a must. This check-list is the second of a series that defines the stock market's own peculiar jargon. Its author is Joseph Mindell, an economist for an investment banking firm. He has also written "Guide Posts to Wall Street," published by B. C. Forbes.]

BOOK VALUE. A nominal figure obtained by dividing the net worth of a company by the number of its capital shares.

CLIMAX. The culmination, at the top or bottom, of an active, big-volume stock move.

COVERING. Buying stock to make a short sale good.

DEBENTURE. A corporate bond not secured by a fixed lien. It may be backed by a group of securities held in trust for the debenture holders or merely by a promissory note paying a fixed rate of interest.

DISCOUNTED. Designating an event whose influence on stock prices has passed.

DISCRETIONARY ACCOUNT. An account established with an investment management firm, permitting it to buy or sell securities for the client at its discretion.

DIVERSIFICATION. Distribution of investments among types of securities (mortgages, bonds, stocks) or among securities of various enterprises (railroads, chain-stores, oils).

DIVIDEND YIELD. A percentage found by dividing the dividend rate in dollars by the market price in dollars. If a stock paying $4 sells at $80, the dividend yield is 4/80 or 5 per cent.

EQUITY. The value of a property above total liens or charges.

EQUITY, TRADING ON THE. Borrowing money to supplement capital, on the theory that more money will be made with the increased capital than will be needed to pay interest on the loan.

FALSE MOVE. A stock price movement "against the trend."

FLOATING SUPPLY. The amount of stock available for immediate purchase or sale.

FLOTATION. The financing, or floating, of a new security issue.

FUNDED DEBT. The bond issues of a corporation.

[*To be Continued*]

Unintentional Misrepresentation May Void Your Insurance

Gaps in applications sometimes cause denial of benefits

An analysis of 15,000 insurance applications showed recently that 53 per cent contained one or more misrepresentations. The statistics make this warning pertinent: When you apply for an insurance policy, don't make any careless misstatements that may plague you later.

Most misrepresentations crop up in the applicant's medical history. Some are trivial and of no legal import. Others are serious enough to menace any claim later. They need not be tinged with fraud; if the company can prove simply that they are "material," it may cancel your policy or refuse to pay benefits.

The test of materiality is this: "Would the company, if it had known the truth, have issued the policy?"

In life insurance applications, these misrepresentations are no great problem. Only a fraction of 1 per cent of life policies are canceled because of them. The companies bind themselves in their contracts to challenge the validity of a policy within a stated period (usually two years) or not at all.

But in health and accident policies there is no such incontestability clause. They may be challenged at any time, and often are. The companies are inclined to put your claim to two tests: (1) Are you actually disabled? (2) Were you on the way to becoming disabled when the policy was issued? An investigation sometimes obviates both questions, but it may bring up a third possibility: that the policy was obtained through misrepresentation. In that case, the company will probably reject any claim made.

In court cases, policyholders have argued: "The company employed a physician to make a medical examination before it issued the policy. Having accepted his findings and issued a policy, it should be bound by its examiner's decision." But the courts say no. They hold that such examinations may often be cursory. One judge observed that an examination discloses only the disorder from which an applicant is suffering at the time, and not always that. Thus, the physical examination is subordinated legally to the applicant's medical history.

If the company can prove he withheld information that would have caused a rejection, the court will probably uphold a refusal to pay.

The test of materiality is thus not restricted to the actual cause of death or disability. To illustrate: A man immobilized by arthritis enters a claim for total disability benefits under a health and accident policy. The company, conceding that the claimant is disabled by arthritis, rejects the claim on the ground that he obtained his policy fraudulently by concealing that he had been twice institutionalized for alcoholism.

In a subsequent lawsuit, the company proves its allegation. Then it introduces conclusive evidence that it would not have issued a policy had it known about the alcoholism. The judge rules that the objection is material and directs a verdict in favor of the company.

Insurance laws uphold the company's right to seek full relevant information from an applicant. But they also recognize that human memory is fallible.

Any misstatement, no matter how trivial, was once considered a breach of warranty that automatically voided the policy. This is no longer true. Courts have ruled that you are not called upon to remember and report every slight ailment you have incurred. If your omission is not material, it will not be counted against you when the company is due to pay off.

Similar rulings have been made in cases involving failure to report a deformity. Again the courts ask: "Was the deformity material? Did it actually affect the company's risk?" Said one judge: "No person is entirely free of deformities and infirmities." He ruled that the condition, to be material, must affect the health of the insured to the point that it materially increases the likelihood of disease or accident.

These and similar decisions protect you from capricious or arbitrary behavior on the part of the company. They do not, however, offer any justification for concealing data the company seeks. You can-

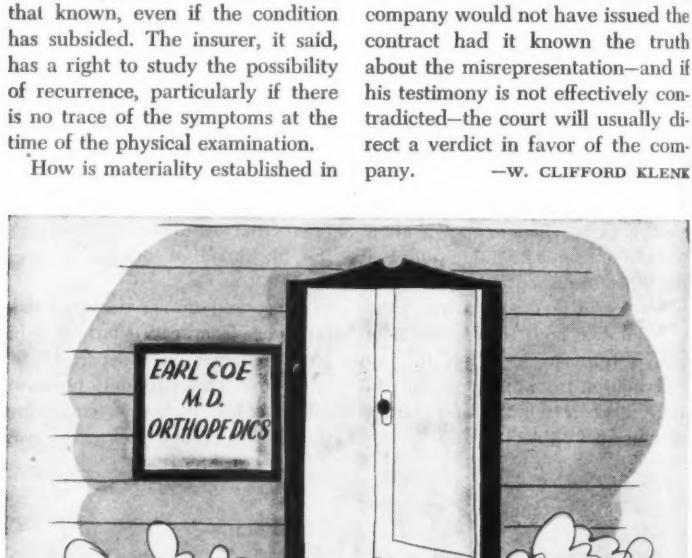
One Up

A girl interne was carefully performing a neurological examination on a male patient. He was walking up and down the ward in a manner highly suggestive to her of "scissors gait." Just then a nurse leaned down and whispered, "He'd walk better if he weren't afraid the thermometer would fall out."—M.D., MAINE

not plead, "I didn't report it because I didn't think it was important.'

The company's right to set its own standards of eligibility and to require from the applicant all the information necessary to determine whether he meets such standards has been upheld frequently. One court has ruled that if an applicant has had symptoms that caused him to see a physician, he must make that known, even if the condition has subsided. The insurer, it said, has a right to study the possibility of recurrence, particularly if there is no trace of the symptoms at the time of the physical examination.

How is materiality established in court cases? It is not always easy, since it may involve fact, law, or both. The jury is called upon to determine fact. But where the evidence is undisputed, the issue is one of law to be determined by the court. For instance, you may concede that a misrepresentation was made, but argue that it is not material. The court may then call upon the insurance company's representative. If he testifies that the company would not have issued the contract had it known the truth about the misrepresentation—and if his testimony is not effectively contradicted—the court will usually direct a verdict in favor of the company. —W. CLIFFORD KLENK



AMA Given New Plan of Action

State medical society officers seek more headquarters services

"What do you want from the AMA that you're not getting now?"

The question was a provocative one; medical society officers in every state mulled over it thoughtfully. It had been posed by Raymond T. Rich, then public relations counsel for the AMA, to elicit constructive criticism for the national association.

He got an earful.

Blunt comment poured in from fifty-odd executive secretaries of state and of a few large county medical societies. They knew what they wanted: better publicity and legislative services; improved AMA relations with its members; an expanded AMA orbit. Their straw vote added up to a challenging new plan of action for the AMA.

How much of this plan would get beyond the blueprint stage remained a moot point last month. Rich's report on constituent society wishes had been relayed to the AMA Board of Trustees two weeks before the centenary session—and promptly suppressed. Not until Rich's abrupt resignation at the height of convention activities did AMA delegates find out about the survey, and then only through lobby chit-chat.

But among the few physicians who had seen the report, feeling was strong that it staked out a promising path for the AMA. Said one state medical society officer: "If and when the majority of these ideas are put into effect, there will be a tremendous upsurge of public approval." Another added: "I hope a program like this gets under way immediately. I personally feel such action is imperative."

SPREAD THE WORD

Topping most lists of what's wanted from medicine's national headquarters was a revitalized information and publicity service. Local medical society officers suggested these specific tasks for a revamped public relations unit:

¶ Step up publicity for medicine's efforts to extend prepaid medical care via nonprofit health insurance plans.

¶ Highlight examples of constructive collaboration between Government agencies and the AMA. A case in point, some men noted, was a current survey of indigent medical care in Alaska and

other U.S. possessions. J. A. Krug, Secretary of the Interior, had appealed to the AMA for help in planning it, and five AMA officers had tackled the problem. But it got little publicity.

¶ Encourage articles on medicine and medical economics in national magazines. Such a program, the respondents felt, would do much to play up AMA achievements in advancing scientific medicine, in combating quackery, and in raising educational standards. It would also focus public interest on methods of paying for medical care.

¶ Comment for the lay press on new medical discoveries *while still new*. Medical society officers saw this as a much-needed check on public overeagerness for untested products. It would also take the pressure off family doctors, harried by patients' questions each time an experimental procedure broke into the headlines.

Whatever action the AMA took on these public relations cues, they could not be belittled as "the voice of inexperience." Many were already being put into practice at local levels. Constituent societies were spending between $600,000 and $800,000 for public relations in 1947. Though the AMA had promised to fatten its own P.R. allocation for the year, it stood currently at a slim $55,000.

ON CAPITOL HILL

Medical society officers queried plumped enthusiastically for a more active AMA legislative program. They favored expanding the Washington office to make it "an effective arm of the association." They urged the AMA to get over its inhibitions about speaking openly for its own members.

Positive action should keynote the AMA's role in politics, these men felt. Active lobbying against unfavorable legislation was proposed by several; others decried it. A number suggested that each time the AMA took a constructive stand on health legislation, it be given widest publicity.

One specific complaint cropped up in many letters: Make AMA interpretations of Congressional bills more readable. Too often, the executive secretaries reported, AMA analyses of pending legislation only quoted the language of the bill That, they felt, was of scant help to physicians not attuned to fine print and the legal mind.

THE RANK AND FILE

Local physicians voted overwhelmingly for improvement of AMA relations with individual members. Two specific ideas won their imprimatur:

(1) Why not a monthly letter to the members, over the name of the president or general manager, keeping them informed of AMA activities that don't get into the Journal?

(2) Why not survey sample groups of AMA members at regular intervals, to find out what they

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want from their national association?

As for its dealings with constituent societies, the AMA should "combat haziness by stating in clear terms each new change in medicine's policies." Officers of state societies thought this especially vital after each House of Delegates' meeting. Some suggested, too, that the AMA evaluate the wishes of state societies more speedily, then intensify its efforts to put those wishes into effect.

Another AMA need: "Find means of bringing young physicians into organized medicine, possibly through student memberships. Encourage full membership early in their careers when the tie with older doctors would mean most to them."

EXPAND AMA ORBIT

If the medical society officers queried have their way, a broadening of the AMA's role is in prospect. The need for greater cooperation with nonmedical agencies was voiced by many. Said one physician: "In the past, individual doctors have often taken the leadership in public health movements. In the future, let the AMA by name be seen in the leadership role."

How could the AMA turn this trick? Respondents suggested these activities:

¶ Recruit the best talent within the AMA to speak at large national and regional meetings. Hold a briefing session for these speakers at least once a year. Give them a syllabus and other aids for question-answering as well as for debate.

¶ Establish with other public health groups the kind of positive working arrangement that exists between the AMA and the American Cancer Society.

¶ Bring the consumers of medical care into more frequent conference with organized medicine. One way to accomplish this drew several favoring nods: a health congress, to serve as a continuing medium of discussion.

¶ Find some common ground of agreement with labor unions. Seek conference with them whenever possible. Cultivate the labor press with some specific service.

The men who conducted this confidential survey summed up its most striking impression in these words: "Constituent societies do not want to be told they must follow a certain line. But they are reaching out for patterns they can assimilate. State representatives have told us repeatedly that they miss the leadership they believe AMA headquarters should give."

Had these comments come from outsiders they might have been brushed serenely aside. But what confronted medicine's leaders last month was a detailed plan of action drawn up within the ranks. Chances were it would start at least a few new wheels turning at AMA headquarters. —R. C. LEWIS

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New Draft Rejection Study Refutes 'Shocking' National Health

Shows more medical care wouldn't have cut rejections much

Proponents of the Wagner Bill assume our national health is in such precarious shape that some new form of medical care is urgently needed to cover the entire population. No statistics have been more frequently stressed in this connection than the country-wide draft rejection figures.

For example, a memorandum put out in 1946 by the Social Security Administration says: "Of 16 million youths examined, fully half were unfit for military service. The nature of their defects suggests that half to two-thirds could have been prevented or rehabilitated with timely care."

I have analyzed the defects uncovered by those rejections. After bending over backwards to make allowances for conditions that might have been corrected, I find that only about 19 per cent of all rejections could conceivably have been influenced by medical care—and that means less than 7 per cent of all men examined for service.

NOT A FAIR SAMPLING

Advocates of compulsory health insurance assume that the statistical sample examined by draft boards was representative of the country's young adult male population. That is not quite true.

In the first two years of the war, the draft boards examined about 10 million men and rejected 36 per cent of them. But during that same period, over 2¼ million men enlisted voluntarily. If these men had gone through Selective Service, the over-all rejection rate would have dropped automatically from 36 to 28 per cent.

Then there's another group that draft rejection figures do not cover. Of the manpower that remained

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▶ This is a condensed excerpt from the recent statement of Maurice H. Friedman, Ph.D., M.D., before the Health Subcommittee of the Senate Committee on Labor and Public Welfare. For ten years Doctor Friedman was assistant professor of physiology at the University of Pennsylvania Medical School. He is now a practicing internist in the District of Columbia.

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after voluntary enlistments, more than one-third received deferments because of essential occupation or dependency.

In other words, Selective Service examinations were limited to those young adult males who did not volunteer and who did not rate deferments because of their value to war industry or to their families. That's scarcely a true cross-section.

Two other points about rejection figures should be kept in mind:

¶ Combat duty is a far cry from civilian life. The draft boards were told to pick men fit for strenuous activity and intelligent teamwork. But men who couldn't make the grade weren't necessarily doomed to be handicapped as civilians.

¶ Physical standards kept changing throughout the war. In 1941 the rejection rate stood at 53 per cent. Two years later, when most of the best manpower had been drained from the home front, the Army welcomed with open arms men who had previously been labeled unfit. In 1943 the rejection rate dropped to 36 per cent.

Lack of complete details in Selective Service data makes it impossible to account for every defect or disease noted. About 12 per cent* of all draft rejections are listed in such a way that it can't be determined whether medical treatment would have helped. But the other 88 per cent of rejections can be classified quite accurately. They highlight the fact that more medical care would not have changed the rejection rate a great deal.

Here is a revealing break-down of the why of draft rejections:

Conditions beyond province of medical profession: 22 per cent. Illiteracy and mental deficiency account for more than half the total in this category. Also included here are the men rejected because of venereal disease. There are, of course, specific remedies for syphilis and gonorrhea. But Army and Navy experience showed conclusively that free medical service will not prevent these diseases. Despite vigorous campaigns by medical departments, V.D. was rampant in the armed forces. Its high incidence, therefore, is no reflection on medical facilities or on the cost of medical care.

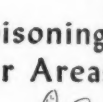
Conditions not preventable and not remediable: 47 per cent. Leading cause of rejection under this heading is mental disease, which accounted for 15 per cent of all turn-downs. Among the other conditions in this category are cardiovascular ailments, defective vision, neurological disorders, musculoskeletal defects (such as those caused by amputation), and asthma.

Conditions possibly preventable: 3 per cent. Tuberculosis rejections are listed here, even though the profession has no specific remedy for the disease. It is true that early

*Percentages are based on Selective Service figures from April 1942 to December 1943.

Pruritus

. . . due to Insect Bites, Ivy Poisoning, Sunburn, Localized Vesicular Areas



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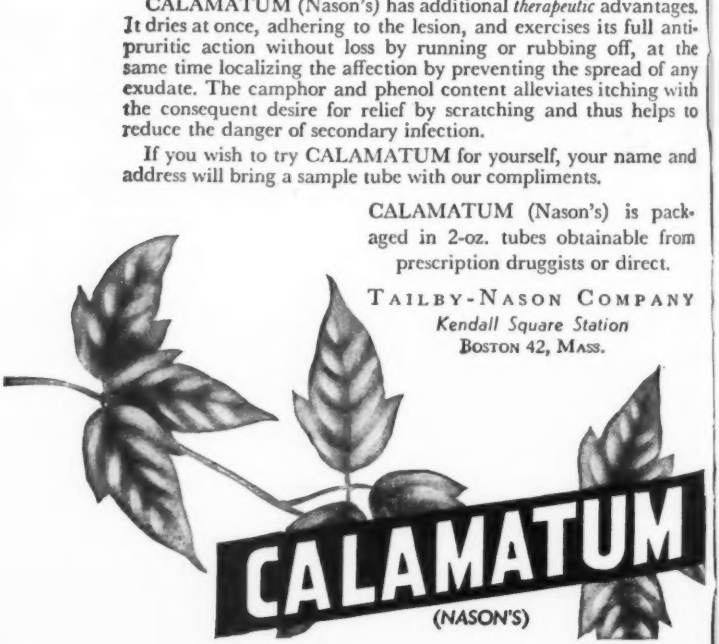

diagnosis, enforced rest, and good nursing care can halt T.b. But even persons with arrested cases were rejected by the armed forces.

Conditions not preventable, but correctable: 11 per cent. This category includes enlarged tonsils, hemorrhoids, varicose veins, kidney stones, and hernias of all kinds. Though none of these conditions can be termed preventable, surgical treatment might have enabled draftees with them to pass the Selective Service examination. Abnormalities of this type are often no hindrance in civilian life.

Conditions preventable and/or correctable: 5 per cent. Included here are all cases of otitis media, defective teeth, and defective hearing, even though detailed records would show that in many individual cases the conditions causing rejection were not preventable.

From this breakdown, it is apparent that only about 19 per cent of draft rejections could have been influenced by medical care. And to obtain this figure, we must assume

(1) That every person with a correctable abnormality would have sought medical attention.

(2) That the physician would have recommended corrective measures, including major surgery where necessary, in each case.

(3) That the patient would have consented.

(4) That the recommended procedures would have been 100 per cent effective every time.

Such assumptions do not fit in with our everyday experience.

What does this analysis prove? It proves that the defects uncovered by Selective Service examinations have little relevance to the general health of this country. And it proves that those who say most such defects are preventable or remediable are falsifying the facts.

—MAURICE H. FRIEDMAN, M.D.

Hanger-on

In one of our hospital wards, patients who are most likely to die are moved to the bed nearest the nurse's desk. One day an old gentleman with severe congestive heart failure found himself in the fatal spot. Calmly he observed the nurses hovering over his bed and the doctors conferring nearby.

That night the nurse on duty became aware of a strange quietness. She rushed to the old man's side. As she searched frantically for his pulse, he opened his eyes and said apologetically, "Sorry, Nurse. Not yet."

—E. T. GALE, M.D.

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How The Taft Bill Can Be Improved

Broaden medical benefits, strengthen the PHS, health officer tells Senators

A national health act must aim to reduce preventable deaths, illnesses, and suffering. It must also serve to promote and to maintain optimum health. The Taft-Smith-Ball-Donnell Bill, S.545, is the first medical care bill proposed that lends itself to those objectives. Even so, a number of amendments to it appear necessary.

Before we attempt a Government medical care program, we must have adequate local health departments. At present, about 40 million people live in areas where the services of a local health department are not available. Without these services, we cannot efficiently or economically administer a medical care program. After all preventive measures that are possible in the light of present knowledge have been applied, there will still be sick people. It is for the care of these that a plan is needed.

It would be foolhardy to embark on a medical care program without first making every effort to reduce illness to an absolute minimum. It follows, then, that the Public Health Service Act should be

To Dr. Vlado A. Getting, Wagner Bill is "a chaotic system of six medical care plans." He prefers modified Taft Bill.

▶This is a condensation of the testimony of Dr. Vlado A. Getting before the Subcommittee on Health of the Senate Committee on Labor and Public Welfare. Doctor Getting, who is Commissioner of Public Health of Massachusetts, appeared on behalf of the Association of State and Territorial Health Officers.

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amended to make available to the states and territories more money for local health services.

Concurrently, more effective means should be developed to attract qualified and experienced personnel of all professional categories to public health work. The present shortage of personnel is all but catastrophic, not only in the state health departments but also in the Public Health Service. No provision is made in S.545 for the training of personnel necessary to meet an expansion of public health and medical care services. It is recommended, therefore, that funds be made available (1) to public health, medical, and other professional schools to train the personnel required and (2) on a fellowship basis through state health agencies to individuals seeking such training.

A strengthened Public Health Service would provide a substantial base for a national health program. But the scope of the program envisioned in S.545 is seriously limited.

THE INCOME RESTRICTION

Each state should be able to adapt the program to its needs. Because of the limitation in S.545 to "families and individuals with low income," it would be impossible for any state to expand this program to include other segments of the population.

According to the Department of Labor, 65 per cent of all families and single consumers in 1941 had total annual incomes below $2,000; 85 per cent had incomes below $3,000; and 95 per cent, incomes below $5,000. There is a decided difference of opinion among authorities as to what might be defined as a low income. One state might take a figure of $1,000; another state might take $2,000; others might take other limits.

FEDERAL MONEY LIMITED

There are still other problems if we resort to an artificial definition of low income. Separation of the medical care program for those who are indigent from the program for those who are not indigent may lead to a difference in quality of services rendered. The use of the term "low income" also presents the aspect of charity and the means test. Americans are reluctant to receive alms and are anxious to avoid investigations to determine their eligibility for charity purposes. For these reasons, the states, not the Federal Government, should determine whether or not medical care should be available to all the people or only to a certain portion of them.

The Taft Bill offers too little financial help to the states. Two hundred million dollars a year, to be matched in varying amounts by the states, making a total of between $200 million and $400 million available for medical care, is inadequate. It would be naive to

[PLEASE TURN TO PAGE 136]

AMA-Sponsored Health Legislation 'Too Radical' for Butler

Doctor prefers 'conservative' approach of W-M-D Bill

I wish to emphasize that the Taft Bill, S.545, is in principle just as "compulsory" as the Wagner-Murray-Dingell Bill. Those who make a marked distinction between the compulsory nature of the two bills ignore the fact that payment for medical care by collection of general taxes is just as compulsory as by specific insurance collections.

There is, of course, nothing compulsory about obtaining medical care under either act. The difference is that the compulsory payments of S.545 are hidden, while those of S.1320 are clearly designated. The latter method would appear more conservative, since people would know what they were spending for medical care, instead of losing sight of the cost and thinking they were getting free medicine.

When S.545 came out, I asked members of the committee on economics of the American Academy of Pediatrics what per cent of the people in their states would apply for care under such a bill. The answers varied from 30 per cent of the people to well over 50 per cent—and those answers were all from conservative physicians.

WHEN DEPRESSION COMES

I believe S.545 is a far more radical or socialistic measure than S.1320. With the least little slump in our economy, you would easily have 80 per cent of the people becoming eligible for medical care under S.545. The AMA itself said five years ago that families with

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▶ At recent hearings conducted by a Senate subcommittee on health, Dr. Allan M. Butler testified against the Taft Bill. Here is a portion of his testimony, condensed. (Contrasting opinions appear elsewhere in this issue.) Doctor Butler is professor of pediatrics at Harvard Medical School. He spoke on behalf of the left-wing Progressive Citizens of America, formed last year by merging the National Citizens Political Action Committee with the Independent Committee of the Arts, Sciences, and Professions. PCA co-chairmen are Frank Kingdon and Jo Davidson.

$3,000-a-year incomes could not meet the cost of serious illness. That figure today would be $4,000 and that must account for 80 per cent of the American public.

LID WOULD BE OFF

Medical care today is expensive. The American public is spending approximately $5 billion on medical care beyond what the states are already spending. The provision of such medical care as S.545 would give, however, might run into $10 billion a year from general taxes.

The first five years, S.545 limits its payments to $200 million a year. After that the lid is off. I think Senator Pepper is right in suggesting that when the lid is off, the public, having tasted what they think is free medicine, will demand more of it. Should there be a business recession, you would then get the 80 per cent of the public claiming eligibility.

Almost all the companies that are backed by medical societies and are operating medical insurance on a state-wide basis are just skimming by. They are threatened with bankruptcy every minute and have no idea whether they are going to be successful next year or not.

S.545 does not favor voluntary insurance, so it is not conservative in that sense either. If people can get the Government to pay such costs of serious illness as they cannot afford, how many will voluntarily pay a private concern to do so, especially when no private concern will give as complete coverage? All this propaganda by the AMA that S.545 is conservative, voluntary, evolutionary, and the American way, while S.1320 is social medicine, dictatorship, and communism, is just so much tommyrot. [PLEASE TURN TO PAGE 96]

3 CONDITIONS

Constipation—Loose irritating stools—Periods of alternating constipation and loose stools.

3 ADVANTAGES

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Comparison of the administrative provisions of the Wagner-Murray-Dingell Bill with those of S.545 is interesting because the AMA has damned the former and endorsed the latter. The administrator of each is appointed by the President; each administrator appoints the members of his advisory council; each appoints the directors of the constituent units.

AMA DOMINATION

The major differences that account for the AMA's apparent inconsistency appear to be:

¶ S.545 prescribes that the administrator must have practiced medicine and that members of advisory councils shall be predominantly doctors. Thus, public-health-trained administrators or lay representatives of the consumer public are in effect barred from administrative positions.

¶ The section of the bill pertaining to the personnel of state advisory councils favors their domination too by organized medicine.

¶ Under the Wagner-Murray-Dingell Bill, the administrator may protect standards and quality of service rendered under state plans. Under S.545 he or any other Federal employe has no "right to exercise any supervision or control over the administration, personnel, maintenance, or operation of the health services with respect to which Federal funds have been or may be expended." Thus the Taft bill places authority at state levels and favors domination of the National Health Agency and state

agencies by the AMA and by state medical societies.

Dr. E. A. Park, emeritus professor of pediatrics, Johns Hopkins Medical School, has said that the Taft Bill "suggests providing care for medically indigent persons through payment of insurance premiums with tax monies to all types of nonprofit, voluntary plans. This policy appears to be based on fallacious reasoning, since it would involve inappropriate use of public money. It is a long-established principle that tax monies should be expended by public agencies that are accountable to public officials representing the taxpayers.

"S.545 is obviously written to appeal particularly to those to whom Federal control is anathema. The Taft Bill vests essentially all the authority in the individual states and reduces Federal control to impotence. But in determining Federal and state relationships, there must be a happy medium."

WHAT'S WRONG WITH S.545

It is difficult to think of a way to introduce Federal support of medical care that could carry a greater threat to the quality of medical care than does S.545. Insofar as this bill is conceived in terms of charity medicine, it favors meager remuneration for services rendered. Insofar as no provision is made for maintaining standards or for encouraging research and education, it fails to protect quality. How better could legislation be devised that would undermine American medicine? Yet S.545 is endorsed by

those who should be responsible leaders of both the medical profession and the consumer public.

Consideration of S.545 led the Progressive Citizens of America to the following conclusions:

1. It is ill-conceived legislation that is inimical to the health of the nation and to the medical profession.

2. It is a political move, a means of forestalling effective legislation, rather than a constructive health act.

3. It might easily introduce ill-controlled socialized medicine on a charity basis supported from general tax funds.

4. S.545 threatens the quality of American medicine because (a) there are no standards enforceable at the Federal level; (b) except for meager support of dental research, there are no provisions for the encouragement of medical education and research (such as are provided in S.1320); (c) the fact that the services are conceived of as charity medicine for low-income families favors a low scale of professional remuneration and may thus undermine the adequate remuneration of the entire profession.

5. Enactment of this legislation might retard the improvement of medical care of the American people for an unpredictable period.

Therefore, the Progressive Citizens of America strongly oppose S.545 and urge passage of the Wagner-Murray-Dingell National Health Insurance Act as a far more soundly conceived and conservative means of improving the medical care and health of the American people. —ALLAN M. BUTLER, M.D.

A Bubble Is Pricked

After twenty-five years in practice, I'd gathered a number of accolades, a well grown reputation, and enough money to build a summer home in the West Virginia mountains. When I moved in, the property still had not been graded, but I learned I could hire a boy and a team of horses at a nearby farm. One afternoon, I walked over there. The farmer, when told I was at the door, hurried down.

"So you be the doctor from Pittsburgh," he declared. "I wanted to see you." That was all my ego needed to inflate like a balloon. I had no idea my reputation had spread so far. "Yup," the farmer continued, "I wanted to see the fellow that paid more for a parcel of land than I did for my whole farm." —M.D., PENNSYLVANIA

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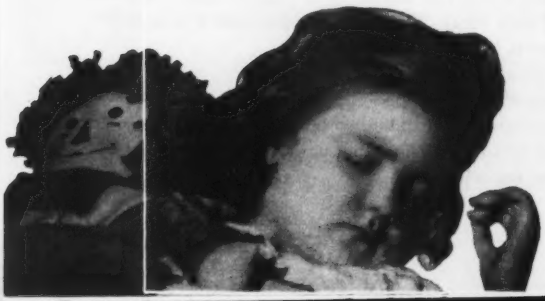

What Part-Time Teaching Is Like

There are plenty of opportunities for specialists, few for general men

Many a private practitioner would like to teach medical students. He feels that, given the opportunity, he would do a first rate job. But, of course, he wants to do it as an adjunct to his number one interest, the practice of medicine.

In a doctor's dream he may see himself lecturing from a raised pulpit to a class of open-mouthed students, youngsters who will later crowd around him to pick up added clinical wisdom and who will seek him out eagerly for consultation and advice. In real life, the lot of the junior faculty member is much less glamorous.

NATURE OF WORK

Actually, he usually works in the clinic attached to the medical school. He shows interesting cases to small groups of students. And during the summer when students are on vacation, he is expected to keep sweating away in the clinic. Chances are, he will never see the inside of a lecture hall unless he quietly crawls into a back row himself. If he is a surgeon, he will find that the interesting and difficult cases will be sent to a faculty member of professorial rank for operation in the amphitheatre while the lower ranking teacher will walk the wards changing dressings or doing an occasional routine operation in anonymous solitude.

Even when he has been disillusioned about the glory of teaching, many a private practitioner still confesses to an urge for a medical school connection. Why? Identification with a medical school brings status and contacts. A faculty connection may be a source of referrals. Even a humble title like "Assistant Instructor in—" or "Associate Demonstrator of—" gives a man authority when he is testifying in court or delivering a paper. Teaching compels the doctor to keep up-to-date on medical science. But the chief reason is prestige.

America is a land where teachers are universally respected and

---

► The author of this article has had for some years a part-time connection with a large, approved medical school. Here he presents the pros and cons of teaching as a sideline for the private practitioner.

Ulcer Therapy

No. 4 of a Series

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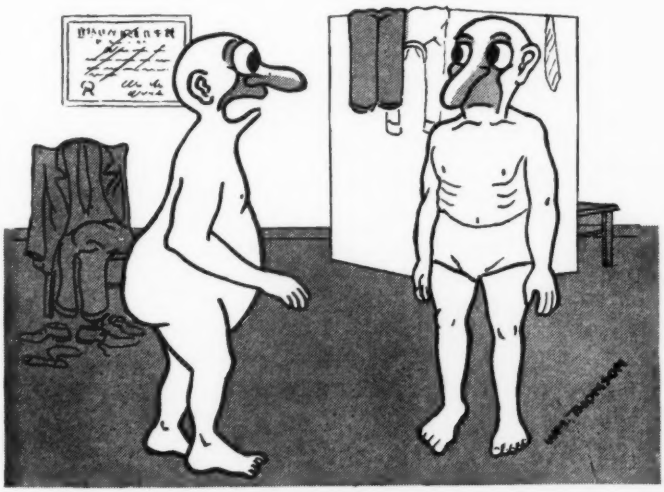
universally underpaid. In the eyes of his family, his friends, and his patients, an assistant demonstrator of surgery in a medical school becomes practically a "professor." While his teaching may be limited to showing six students at a time how to cut a cast, the fact remains that he *is* listed in the catalog of a medical school; and throughout all the country, there is no institution more respected.

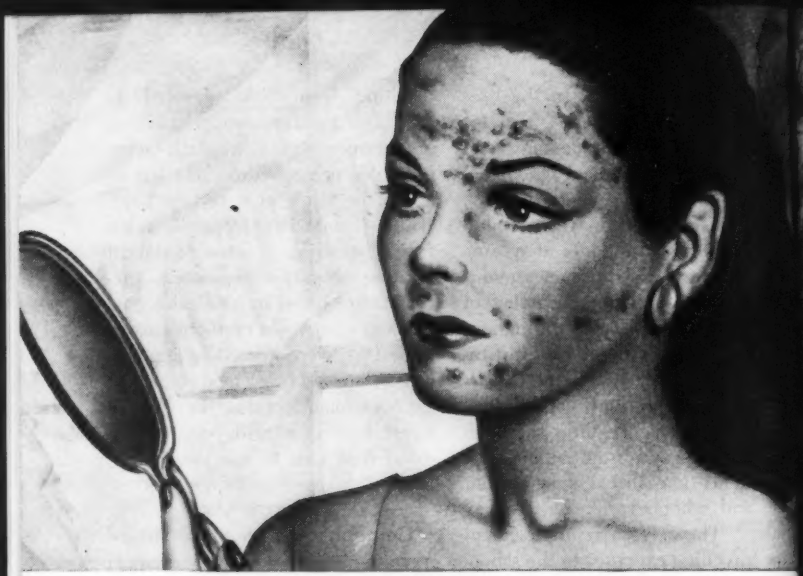
Identification with a medical school, however, requires sacrifices –sometimes a substantial financial loss. Part-time teachers in regular medical schools rarely receive any salary. There is no reimbursement for travelling expenses to the school or for loss of practice and income resulting from time devoted to teaching. Furthermore, a teaching appointment puts a strait-jacket on a doctor's schedule. He has to be in the clinic at a certain hour. If he is late, he jeopardizes his faculty standing. It is true that most of the country's top-notch specialists are listed in medical school catalogs. But most of them earned fame first, were invited to join faculties later. These men come in for occasional lectures; they do not have the day-after-day outpatient grind that falls to the younger or less well known faculty member.

OPPORTUNITIES

Currently, the trend is toward more full-time teachers. Medical schools like the idea of "hiring"



"HELL NO! I THOUGHT YOU WERE!"



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1. MacKee, Sulzberger, Herrmann and Karp. J. Invest. Dermat. 7:175 (1946).

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professors, giving them offices in the school hospital, and collecting all fees that accrue to them from consultations. But in spite of this trend, the backbone of any medical school faculty remains the unsalaried private practitioner who teaches as a sideline.

Is there any room for a general practitioner on a medical school teaching staff? At the present time, no. Medical schools praise the G.P. warmly, but they don't often engage him to teach students. Specialists are wanted, even when it comes to manning the general clinics. And these days, when the number of diplomates is swelling fast, it is increasingly difficult for a non-diplomate to get a teaching appointment.

To win a place on the teaching staff, the aspiring specialist should communicate with the head of the department he is interested in. He will be asked what articles he has written, what graduate courses he has taken, what special certificates he holds, and to what societies he belongs. The appointment committee of the faculty usually shows no interest in the new appointee's teaching skills because he will probably do no real teaching for years.

His first assignment will be to the outpatient department at hours when no students are there. Later he will advance to the point where he will be allowed to demonstrate clinic cases to small groups of students. Most faculty members never reach the stage where they actually lecture to full classes of students.

Two other kinds of teaching opportunities are available to doctors who find medical school faculties closed to them. One is giving post-graduate courses, the other is teaching medical subjects in non-medical institutions.

Oddly enough it is easier for a practitioner to get a post-graduate appointment than an undergraduate one. One reason is that post-graduate courses are less formally organized. Instead of being limited to schools with elaborate facilities, they can be set up wherever a hospital is available. An enterprising specialist can often persuade his own medical society (or local organization of specialists) to offer an intensive post-graduate course, making use of local clinical facilities. He can probably get for himself the thankless job of organizing and administering such a course. If he wins the sponsorship of an approved general educational institution (not necessarily a medical school, but any reputable college or university), he can have such a course included within the educa-

tional provisions of the G. I. Bill of Rights. That allows physician-veterans to enroll without personal expense.

A doctor who really wants to teach can organize courses with or without the help of existing specialty organizations, medical societies, or hospitals. The fact that he works in a small town rather than in a vast medical center need not be a serious obstacle. Before it was on the medical map, Rochester, Minn. had a population of only 15,000.

OTHER OPENINGS

Part-time teaching of medical subjects in non-medical schools is a pleasant, and often remunerative, outlet for pedagogic passions. Opportunities are available in schools that train technicians, nurses, dentists, nutritionists, pharmacists, and medical secretaries. Also, teaching possibilities exist in the field of lecturing to lawyers, probation officers, insurance claim agents, police officers, social workers, safety engineers, public health workers, and the like. Such work carries prestige and may constitute a source of referrals.

Sometimes the physician himself can suggest a lecture series. Thus, one small-city practitioner convinced the chief of police that his men would do better work if they were exposed to some lectures on first aid. In another community, an orthopedist persuaded the head of the local bar association that lawyers doing compensation and personal-injury work would profit by hearing lectures on the mechanics of injury.

VA CONSULTANT

Another avenue for the practitioner who wants to do post-graduate teaching on a part-time basis is the medical program of the Veterans Administration.

If he can get appointment as a "consultant" or as an "attending," he can arrange to go at regular intervals to a VA hospital, regional office, or other installation. The attending gets $25 a session and the consultant is paid $50 a session. A board diploma is essential for classification as a consultant but (while desirable) not required for designation as an attending. Since the VA is still actively recruiting medical personnel (both part-time and full-time) a physician who really has the skill should not have too much difficulty in winning one of these appointments.

Any physician can, of course, find an opening to teach in an osteopathic, chiropractic, or similar institution. It goes without saying that such appointments should be avoided.

"one nervous woman

. . . can give rise to more diverse, undiagnosed and undiagnosable complaints than a whole pathological ward."

Harding, T.S.: M. Rec. 160:198 (April) 1947.

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provides—in delightfully palatable liquid form—both the calming action of phenobarbital and the tone-restoring effect of thiamine.

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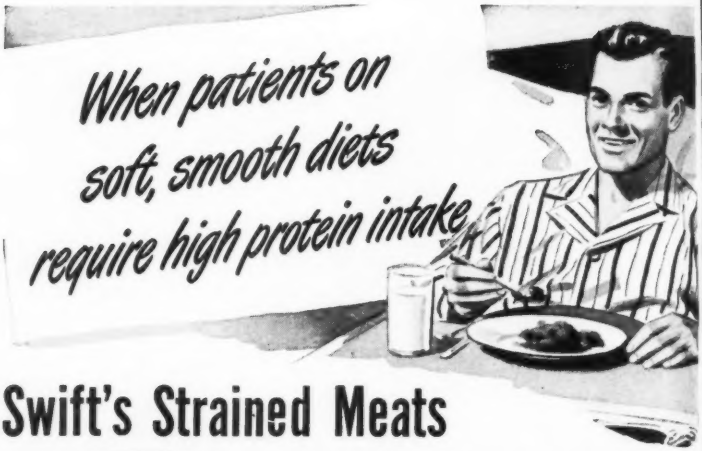

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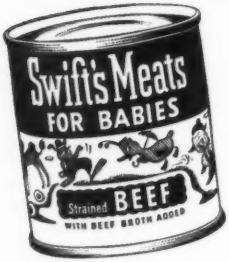

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Tender cubes of juicy, lean meat, Swift's Diced Meats are soft and may easily be mashed to the desired consistency. Six kinds: beef, lamb, pork, veal, liver and heart. Five ounces per tin.

Tempting variety of 6 different kinds

The wholesome meat flavors in Swift's Strained Meats are readily accepted by most patients—even when appetite is impaired. The variety includes: beef, lamb, pork, veal, liver and heart. Prepared with expert care from selected, lean U. S. Government Inspected Meats, Swift's Strained Meats are carefully trimmed to reduce fat content to a minimum. Each tin of Swift's Strained Meats contains three and one-half ounces.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

We will be happy to send you complete information and complimentary samples of Swift's Strained and Swift's Diced Meats. Please write Swift & Company, Dept. B. F., Chicago 9, Ill.

SWIFT QUALITY FOODS

SWIFT & COMPANY • CHICAGO 9, ILLINOIS

Steel Mill M.D.'s Get Ethics Code

Points way to smooth relations between industrial and private physicians

The American Iron and Steel Institute is distributing to doctors in the steel industry a code of ethics formulated by the Lake County (Ind.) Medical Society.

The code puts primary emphasis on relations between industrial and private physicians. It was written by a medical society committee headed by Dr. E. S. Jones and has been called "the ideal of its kind" by Dr. E. H. Carleton, vice-chairman of the American Iron and Steel Institute's industrial health committee. Salient points included in the code are as follows:

PRE-EMPLOYMENT EXAMS

If the employer pays the entire cost of pre-employment examinations, he must have free choice of the physician who will make them. The code recommends, however, that the industrial physician do these things:

¶ Give the personal physician of the examinee (at the latter's request) a full report of the examination.

¶ Consult with the examinee's personal physician when differences of opinion on medical findings exist.

¶ Avoid naming a particular practitioner to whom the examinee should report for correction of defects discovered in the examination.

OCCUPATIONAL ILLS

It is not ethical for an industrial surgeon, while caring for an industrial ailment, to urge the patient to have a concurrent disease treated by the industrial surgeon at the worker's expense.

Once a case of questionable liability to the employer is diagnosed as non-occupational, the patient is to be referred to his personal physician.

A physician may not use his industrial affiliation as a direct means of gaining a private practice among plant workers—*e.g.*, by solicitation, by low fee arrangements, or by insinuation of reprisals against workers who insist upon physicians of their own choice.

THE PRIVATE DOCTOR

For the non-industrial physician, these obligations are listed:

When a private physician suspects an occupational disease or injury, he should (with the patient's permission) communicate that information to the plant doctor.

Handitip

Card System

Instead of notching my guns as the western bad men did, I notch my index cards. Keeping track of patients has become much simpler. For example, I lop the right-hand corner off all index cards for female patients. The left-hand corner is cut whenever a patient dies. Thus, the cards can be separated by touch according to age and mortality. As many as a dozen items may be represented by cutting or notching the cards in different places. This system is much easier to follow than some complicated commercial filing methods.

—M.D., CALIFORNIA

If opinions differ as to compensability of a medical or surgical condition, the private physician, with the permission of his patient, should confer with the plant doctor.

Statements to workers that occupational ailments have not been treated properly are to be postponed until after consultation with the plant physician or, better still, withheld entirely.

HEALTH SUPERVISION

Health supervisory programs may properly be carried on by a plant physician if the purpose is (a) to discover cases of occupational disease or (b) to diagnose illnesses that may lower workers' capacity or plant safety or (c) to determine if workers returning from sick leaves have recovered sufficiently to carry on their jobs. The following principles are considered basic in carrying out any such program:

Clinical findings must be made available to the employe's personal physician.

No influence is to be exerted on employes in their selection of personal physicians.

No treatment for non-occupational ailments is to be offered except in minor cases when enough care may be furnished to enable a worker to finish a turn of work comfortably and safely.

The plant physician is best qualified to judge a worker's ability to return to his job after illness. However, the plant physician is to consult with the personal physician if the latter requests it.

FREE EXAMINATIONS

Free medical examinations in any industry are against the policy of the medical profession unless approved specifically by the local medical society.

Estrogenic hormone from a *natural* source

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY

ESTROVARIN

Brand of Natural Estrogenic Substances

Solution in Oil WARREN-TEED

WARREN-TEED

Pharmaceuticals

THE WARREN-TEED PRODUCTS COMPANY • COLUMBUS 8 • OHIO

CALLING MISS BREDOW!

Your office trouble-shooter tells how to parry patients' questions

Q. Patients sometimes ask me, "Will this treatment help?" or "Which medicine is best for a cold?" Occasionally they try to draw me out about the doctor or another patient. How can I handle such queries?

A. If you value your job as a medical secretary, never suggest treatments or recommend medicine. You may be thoroughly familiar with the remedies the doctor prescribes. You have no way of knowing the reasons he may have for not using them in a specific case.

Patients identify you with the doctor. Any statement you make will, in the patient's mind, carry almost as much weight as the doctor's own words.

I know of a case where a secretary recommended a saline laxative, not knowing the doctor had specific reasons for avoiding such a prescription.

Later, when the patient was chided for using the medicine, he told the doctor it must be correct—his secretary had suggested it.

When a patient asks you what to take for a headache or what to do for a stomach-ache, your best bet is to reply pleasantly that you don't know. Explain that it all depends on what's causing the trouble, and that the doctor will have to find *that* out in the examining room.

Sometimes the patient asks such a question only because he's forgotten to ask the doctor. In that case, you can offer to do the inquiring for him.

If the doctor is too busy to be interrupted, you can tell the patient you'll put the question to him during his first free moment. You can then relay the doctor's reply to the patient.

Any time a patient mentions

▶ Questions from physicians and secretaries about business procedures in the medical office are answered here, as space permits, by Miriam Bredow. She is the author of "Handbook for the Medical Secretary" (McGraw-Hill) and Dean of Women, Eastern School for Physicians' Aides. In private life, she is Mrs. Heinrich Wolf, wife of a New York physiatrist.

what sounds like a serious symptom, suggest to him that the doctor would like to know about it. "Tell it to the doctor" is a sound maxim, and if the patient doesn't follow through on it, the job may be within your province.

Patients are always looking for reassurance from the doctor's secretary. They frequently pose questions such as "Have other patients had this same condition? Were they ever really cured?" Keep your replies encouraging but general. Make no promises.

Your most effective weapon against out-and-out gossip is an attitude that shows complete lack of interest in it.

If passive resistance fails, try a deft change of subject when a patient persists in pumping you about the doctor or about another patient. Only the thickest-skinned prattler will fail to get the point of a casual: "I haven't the faintest idea. Would you care for something else to read?"

The safest formula for answering patients who ask pointed questions is to be pleasant, tactful—and noncommittal. —MIRIAM BREDOW

British Doctors Fight

[*Continued from page* 59]

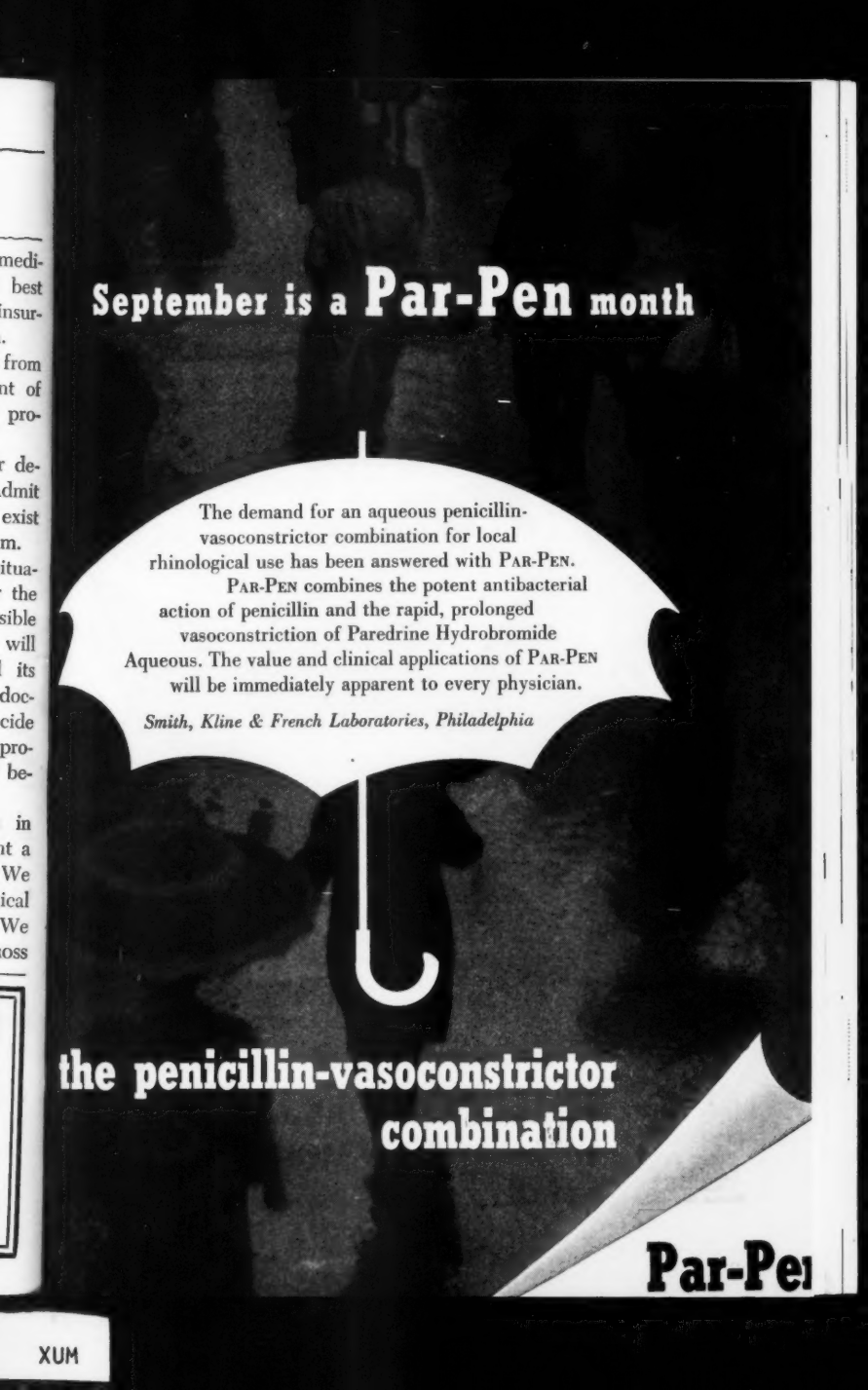
Bill would provide) for the medically indigent is one of the best defenses against tax-financed insurance for the entire population.

2. Don't exclude the public from the planning and management of voluntary sickness insurance programs.

3. Don't gloss over gaps or defects in medical service. Admit such deficiencies when they exist and act quickly to remedy them.

In sum, here is the British situation: The BMA is fighting for the best administrative system possible under the new health act. It will sometime place its case and its recommendations before the doctors. Only the latter can decide whether England will have a program of nationalized medicine beginning in July 1948.

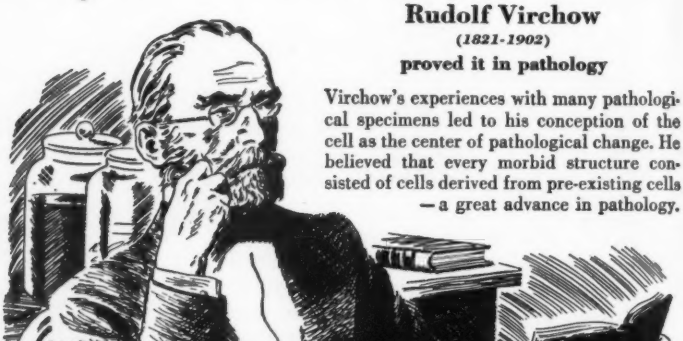
Meanwhile, the BMA says in effect to Mr. Bevan: "You want a comprehensive medical service. We want a comprehensive medical service. You want the doctors. We *have* the doctors." —A. G. ROSS


September is a Par-Pen month
The demand for an aqueous penicillin-vasoconstrictor combination for local rhinological use has been answered with PAR-PEN.
PAR-PEN combines the potent antibacterial action of penicillin and the rapid, prolonged vasoconstriction of Paredrine Hydrobromide Aqueous. The value and clinical applications of PAR-PEN will be immediately apparent to every physician.
Smith, Kline & French Laboratories, Philadelphia
the penicillin-vasoconstrictor combination
Par-Pe

Experience is the Best Teacher

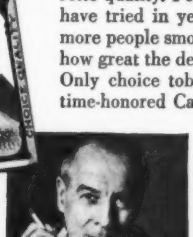
Rudolf Virchow
(1821-1902)
proved it in pathology

Virchow's experiences with many pathological specimens led to his conception of the cell as the center of pathological change. He believed that every morbid structure consisted of cells derived from pre-existing cells —a great advance in pathology.



Yes, and experience is the best teacher in smoking too!

Wartime shortages taught smokers the differences in cigarette quality. People smoked more brands than they would have tried in years. As a result of that experience, today more people smoke Camels than ever before. But, no matter how great the demand, we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.



According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

Hearings Highlights

[*Continued from page* 68]

services to every individual, regardless of race or economic status.' S.545 is obviously not designed to implement that policy."

THE LANGUAGE WARMS UP

Witnesses who had their sights set on tax-financed medical care for everybody saved some scorching language for the Taft Bill. Dr. W. Montague Cobb of the National Association for the Advancement of Colored People called it "nebulous, inadequate, discriminatory, wasteful, and atavistic."

Leon Henderson, former OPA administrator, flayed it for offering a "medical dole." Said Mr. Henderson: "It substitutes the principle of the breadline for the principle of social security. It asks the taxpayer to provide an inadequate subsidy for low-income groups, instead of giving all Americans the opportunity to share the expense and the benefits of democratic medical care.

"S.545 is a political sop to the demand for a better medical system. It is a liberal mask for a reactionary policy. It represents a school of thought that has a special affinity for the 'trickle-down' theory of prosperity."

From the American Veterans Committee came similar heated objections. Said Joseph A. Clorety Jr., an AVC spokesman: "S.545 is basically a charity scheme for those who will submit to a means test. Straight handout medicine would be offered, and then only to about 10 per cent of the people.

"S.545 implies that voluntary plans can care for the vast majority of the nation. But most existing plans are far too restricted in benefits, too costly, too limited in location, and too undemocratic in structure ever to reach more than the fraction of urban people now covered.

"S.545 increases the disparity in the present double standard of medical services—one kind of medical care for the needy, a different brand for paying patients."

WHERE IS THE PUBLIC?

Nelson H. Cruikshank of the AFL used another approach, attacking the Taft Bill because of its "predominantly medical backing." Said Mr. Cruikshank: "For several weeks now you have been listening to representatives of the medical, dental, and hospital groups give their reasons why they prefer the Taft Bill. Is it not significant that not one representative of a people's group has come forward to endorse this bill?

"I do not mean to disparage the remarks made by the distinguished representatives of the medical profession. Indeed, their technical opinions on medical care should be fully weighed and evaluated. But as professional men, they can scarcely be considered authorities on the economic problem of how

people can best pay their medical bills."

TAFT BILL BOOKKEEPING

A favorite target of left-wing snipers was the appropriation authorized by the Taft Bill. "The inadequacy of S.545's financial provisions is apparent," Robert J. Silberstein told the subcommittee. "If the states were to match every Federal dollar granted, this would mean an expenditure of $400 million annually. But in the last few years, the American people have spent approximately $5 *billion* annually for medical care. This bill thus proposes spending only 8 per cent of current expenditures for medical care. Such a sum would provide only for the lowest bracket of those in need."

Dr. Reginald M. Atwater of the American Public Health Association fired another volley at the financial provisions: "S.545 contains no requirement that the states' matching funds be new funds," he said. "In most states the matching funds would be those already being expended. Available funds would be further curtailed by the expensive and cumbersome machinery that would be necessary for administering the means test."

A final potshot at the dollars and cents of the Taft Bill came from Dr. Ernst P. Boas. Said the chairman of the Physicians Forum: "There is no certainty that any of the funds authorized in S.545 would ever be appropriated in fact. The bill merely indicates that Congress may appropriate these sums if it so desires. Thus the sums available for the medical care program would depend from year to year on the climate of opinion in Congress. If there were an economy drive, vital medical services might be jeopardized.

"An effective national health program can be assured only through social insurance under which taxes collected on a broad base are earmarked for health purposes."

WHO RUNS THE SHOW?

The decentralized organization specified by the Taft plan drew much head-shaking from the state medicine men. Doctor Boas complained that "There are no provisions in the bill to ensure that Federal funds will bring high quality medical care to the recipients. The whole matter is left to the states. No basic standards or guiding principles are set forth."

Senator H. Alexander Smith (R., N.J.), subcommittee chairman, broke in with a quick retort: "You are implying that the states would not be competent to take care of those things. You are implying that the states cannot be trusted even to

when the diagnosis is seborrheic dermatitis... Remember that Pragmatar— the outstanding tar-sulfur-salicylic acid ointment— is now recognized as one of the most effective preparations available for the treatment of seborrheic dermatitis, and particularly for the general care and hygiene of the seborrheic scalp.

Pragmatar

Highly effective in an unusually wide range of common skin disorders

Pragmatar is also extremely useful in fungous infections, eczematous eruptions, psoriasis and pityriasis rosea.

Smith, Kline & French Laboratories, Philadelphia

be honest. I think that's going a little far."

But the too-much-decentralization theme echoed on down the line. "Under the Wagner-Murray-Dingell Bill," said Dr. Allan M. Butler, "the administrator would protect the standards and quality of service rendered by state plans." Under the Taft Bill, he thought, neither the administrator nor any other Federal employe could enforce standards; and "how better could legislation be devised that would undermine American medicine?"

Dr. W. Montague Cobb broached a related matter: "The language of S.545 does not even refer to the free choice of physician, so much cited by opponents of S.1320. Apparently the low-income patient could be made to secure his medical services from whomever and under whatever plan a state saw fit to dictate."

AMA TAKES ITS LUMPS

Would the Taft Bill lead to "doctor control of public funds"? Would it mean domination of the grants-in-aid program by the AMA? Such were the claims of Wagner Bill supporters. They went to great lengths in trying to prove their point.

Senator McGrath, for example, turned the spotlight on AMA public relation troubles. He submitted the full text of the confidential report Raymond T. Rich had made to the AMA just before resigning as its public relations counsel. Then the Rhode Islander put his own feeling into words:

"The Rich episode indicates three things:

"1. The undesirability of public bodies utilizing the AMA or its subsidiaries for the administration of public funds.

"2. The necessity for Government action to meet the medical needs of the American people without further reliance on organized medicine for leadership.

"3. That the AMA no longer acts in the interest of either the people or the doctors in medical economics and in the social aspects of medicine."

Andrew J. Biemiller, embroidered the same theme. "Any program designed to benefit the people should be run by the people," he said. "To place administration

of S.545 in the hands of a doctor would mean placing the policy decisions in the hands of the AMA. No self-interest group should be vested with complete and final authority as proposed in this bill.

"Congress does not require that the Secretary of Labor be a member of a union or that the Secretary of Agriculture be a member of the Farm Bureau. Why should Congress require that a doctor administer the health program?"

From Dr. W. Montague Cobb came the southern slant on AMA "domination": In the seventeen southern states and the District of Columbia, he said, colored physicians are excluded from membership in societies that are affiliates of the AMA. "We could not have confidence in a health program that could be controlled by an organization with the record of the AMA in respect to the Negro."

TRIAL AND ERROR

Taft Bill backers had little chance to speak out during the last month of the hearings because of the rush of Wagner-Bill witnesses to the stand. Nevertheless, S.545 drew some eloquent support.

Said Senator Smith: "Basic to the whole philosophy of S.545 is the trial-and-error method. I trust the medical profession; I trust the state governments; I trust our state boards of health to be just as much concerned about this thing as the Federal Government."

Another of S.545's sponsors, Senator Donnell, described the bill as "a sane approach to the national problem of sickness and health." Said the Missourian: "It will give aid to those in need without making them wards of the state. It will assist the doctor without dominating him.

"S.545 does not appeal to us as stop-gap legislation—a bill to prevent a less desirable bill from being adopted. Our desire to see this bill enacted is genuine. It is based on the advantages S.545 will give the people of the United States."

John R. Mannix, former chairman of the Blue Cross Commission, also challenged the advocates of 100 per cent state medicine. He told the Senators that "S.545 would eliminate the so-called double standard of medicine, whereby indigent sick are taken care of in public institutions by the same physicians who take care of private patients. Permitting the local government agency to contract with various health insurance plans for medical care of the indigent would put everybody, indigent and self-supporting, in exactly the same category."

WHO NEEDS MEDICAL CARE?

Dr. Maurice H. Friedman launched a telling attack on claims that "40 per cent of the population are entirely without medical care." Said the Washington, D.C., physician: "Falk, Klem, and Sinai, in their book 'The Incidence of Illness,' note that 47 per cent of the

people go through the year without any reported illness. If half the population reports no illness, it's not surprising that 40 per cent would report they were without medical care!"

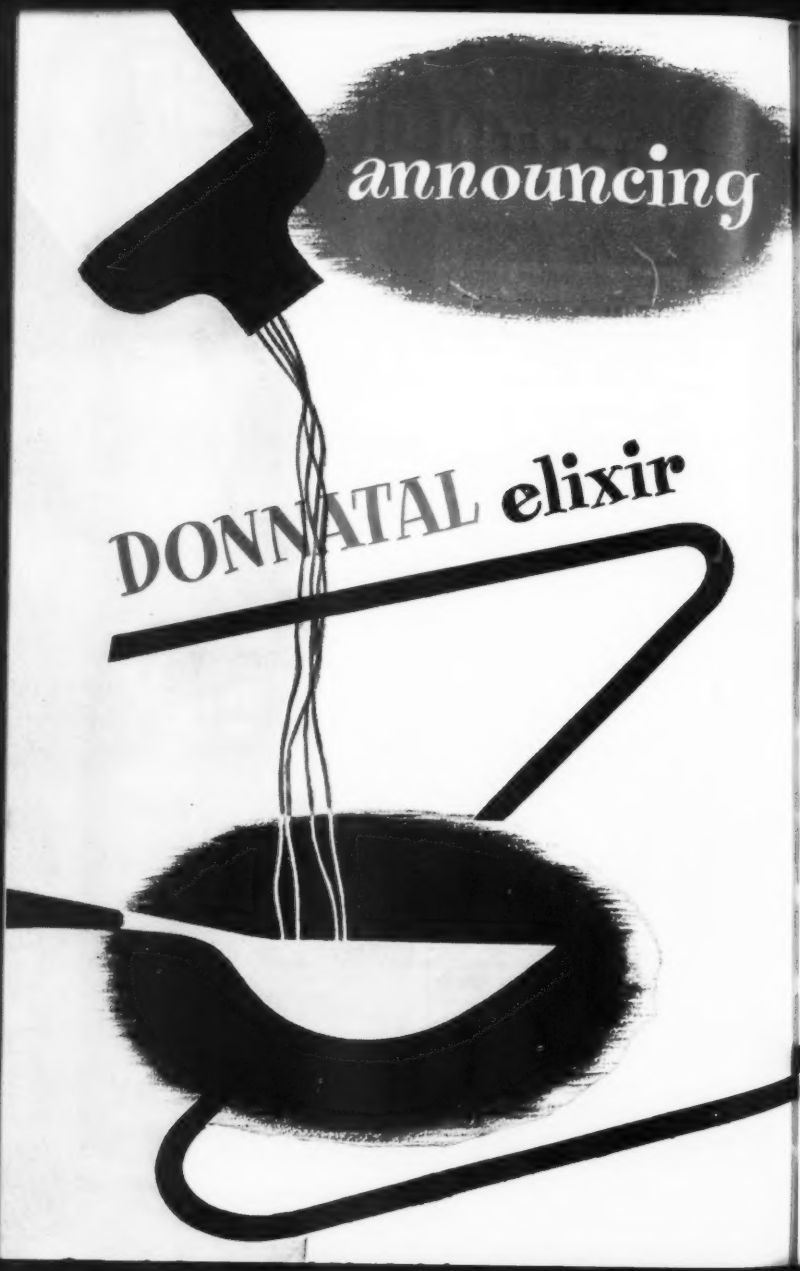
Doctor Friedman quoted the same authors to prove that there's more illness in high-income groups than among those of modest means. This brought hearty assent from Senator Smith: "It is not apparent," he said, "that we have neglected the low-income group as much as has been stated by some witnesses. We are not in desperate need of a tax of $2 to $3 billion to see that everybody gets adequate coverage—assuming you could get adequate coverage through such a tax.

"If those who can afford to pay for medical service do so, it is a healthier society than when you try to socialize the whole picture."

SURGEON GENERAL SPEAKS

Contrasting sharply with the vilification many witnesses had heaped on the Taft Bill was a temperate statement by Surgeon General Thomas Parran. The Public Health Service head inclined toward S.1320, which he termed "a competent mechanism for improving the nation's health." But he did a good job of pinpointing the issue at stake.

"S.1320 provides for a comprehensive program," he said. "S.545 addresses itself primarily to one specific area of need—to the problem of health services for the medically needy. At least a start should be made (through taxation, insur-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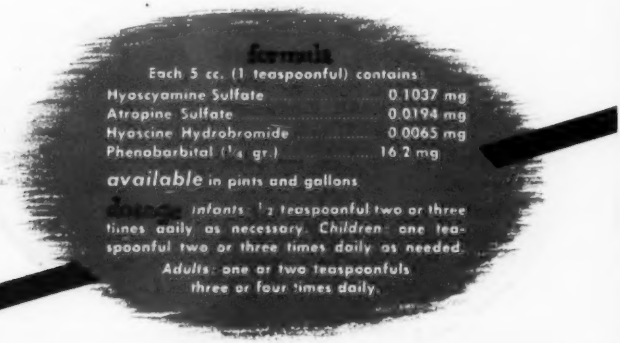
An Outstanding Spasmolytic and Sedative Now Available in Liquid Form

Already well known for its wide range of therapeutic usefulness in smooth muscle spasm, Donnatal 'Robins' now considerably increases its field of applicability with the introduction of the new, unique Donnatal Elixir.

Highly palatable—Donnatal Elixir will fill a long-felt need in pediatric practice, in cases of pyloric stenosis, intestinal colic, diarrhea, and enuresis. Or, whenever Donnatal 'Robins' is indicated, the Elixir may be used in place of the Tablets—each 5 cc. (1 teaspoonful) providing the therapeutic effect of 1 tablet. The liquid form allows for individualized posology, and is also preferred by some adult patients to tablet medication.

A.H. Robins Company, Richmond 19, Va.

Ethical Pharmaceuticals of Merit since 1878



DONNATAL elixir /Robins

THE UNIQUE SPASMOLYTIC AND SEDATIVE ELIXIR

Another Robins' Triumph

ance, or both) toward making adequate medical care available to all the people. S.545 represents a modest approach toward this goal, S.1320 a comprehensive approach. The choice is a matter for Congress to determine.

"S.545's annual appropriation of $200 million, together with state funds, would permit a substantial program to be inaugurated. But there can be little doubt that this amount would need to be increased once the program was under way. I would prefer to see the bill authorize increased appropriations after the first year or two."

GARRISON FINISH

Low-powered at the start, the hearings moved to a high-voltage climax. Occasionally the cross-examination took on all the flavor of a murder trial. While Nelson H. Cruikshank of the AFL was on the stand, for example, the following slam-bang exchange made a shambles out of Senatorial dignity:

Senator Donnell: "Mr. Cruikshank, what study have you given to compulsory health insurance?"

Mr. Cruikshank: "I will answer your question, but I do not think it relevant."

Senator Donnell: "If there is anything more relevant, I do not know what it is. You come here expressing the views of 7½ million people, telling us what we should do and what we should not do. Of course you will answer this question."

Mr. Cruikshank: "I have been studying various articles for the past several years on the matter."

Senator Donnell: "Have you ever read a book on compulsory health insurance?"

Mr. Cruikshank: "Yes. I would be glad to submit the names."

Senator Donnell: "Give us one."

Mr. Cruikshank: "It is an irrelevant question, sir."

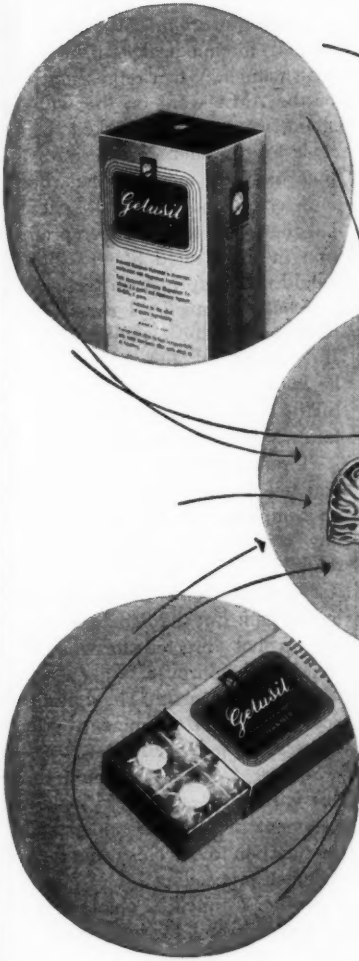
Senator Murray: "I want the record to show that I am objecting to this browbeating of the witness. I think it is unfair and absolutely wrong" (applause).

Senator Smith: "If there is any disorder in this room, we cannot conduct the hearing."

Senator Murray: "Mr. Chairman, we had a couple of women here the other day who listened to the examination of witnesses then refused to go on the stand. I do not think it is good to bring a witness here who has stated that he is not an expert in this field, then to insist on his answering questions that are not in his field."

Senator Smith: "If we cannot ask the witness' qualifications, I think our whole hearing might as well be adjourned."

[PLEASE TURN TO PAGE 132]



WHAT PRICE RELIEF?

There is No toll exacted for relief when GELUSIL* Antacid Adsorbent is used in peptic ulcer.

Constipation typical of most alumina-gels is rarely a factor when 'GELUSIL' is the selected therapy. There is usually: *NO INTERRUPTION IN HEALING PROGRESS—NO DELAY IN RECOVERY.*

'GELUSIL' 'WARNER'

'GELUSIL' Antacid Adsorbent is supplied in bottles of 6 and 12 fluidounces.

'GELUSIL' Tablets are supplied for the ambulant ulcer patient; boxes of 50 and 100 tablets, wrapped individually in cellophane for convenience and portability.

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*Trademark Reg. U. S. Pat. Off.

Senator Murray: "We have not treated the medical profession in that manner. When representatives of the AMA were on the witness stand, we could have asked them: 'Is it not true that a greater proportion of your members has been indicted, convicted, and sent to jail than that of any other profession in the United States?' But I would not stoop to such tactics."

Senator Donnell: "I resent such terms as 'browbeat' and 'bulldoze.' If I cannot ask this witness what he knows about the subject of the bill he advocates, then we have certainly arrived at a useless function."

"I renew the question, sir. Can you tell us the name of any book on compulsory health insurance in any country that you have ever read?"

Mr. Cruikshank: "I do not believe I can. But the Senator's question is not directed to what he stated is his purpose."

Senator Donnell: "The question does not call for a comment by the witness on the Senator."

Senator Murray: "I submit that this witness is entitled to make a statement of what he understands the question to be. This is not a star chamber proceeding."

Senator Donnell: "I object to this witness refusing by indirection to answer this question."

Senator Murray: "It is a disgrace to submit American citizens to a cross-examination of this kind. The witness is trying to give this committee the benefit of his knowledge and experience. This cross-examina-

Nutritive Value

By Laboratory Digestibility Test

"The first essential for a food to be considered of high nutritive value is that it be relatively completely digested and absorbed . . .

"Because of the increasing importance of margarine in the present-day diet, these results are now being reported . . .

"The average coefficient of digestibility of the seven experiments on margarine is 97, which is identical with the average obtained in the three tests on butter . . . There was no evidence of alteration in the absorption of other components of the diet with either diet. The subjects remained in normal health for the duration of the tests. These data indicate that from the standpoint of digestibility, margarine can be considered as containing a fat of high nutritive value."

—Excerpt from "Studies on the Comparative Nutritive Value of Fats; IX: The Digestibility of Margarine Fat in Human Subjects," by Harry J. Deuel, Jr., Dept. of Biochemistry and Nutrition, University of Southern California School of Medicine. Reported in the *Journal of Nutrition*, July 10, 1946, pp. 69-72.

By Homespun "Test of Time"

Edith Bell, sixteen when t photograph below was taken, has been used to Nucoa in her diet since she w four years old. Her mother, Mrs. Fred Bell, is typical of millions of mothers w had discovered the goodness of Nucoa before wartime butter shortage introduc table use of margarine generally. For Nucoa set the standard for a fine margari and won approval of homemakers and nutritioni years ago. It was the first margarine in America ma with wholly domestic, pure vegetable oils, the first add Vitamin A (1937), and first to guarantee 15,0 U.S.P. units of Vitamin A in every delicious pou

Edith Bell, a "bread 'n' Nucoa" girl for twelve of her sixteen years

Try Nucoa in your own home to convince yours of its "melt-in-your-mouth" goodness. You'll ha confidence then in recommending Nucoa whe needed for high nutritive value without high co

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tion is trying to discredit him, trying to impute that he has no understanding of health insurance."

Senator Donnell: "Mr. Cruikshank, who is really responsible for the statement you have given here? Who wrote the statement as it was originally drafted?"

Mr. Cruikshank: "At that point, Senator, I will raise vigorous objection. I have not committed any crime. I want to be helpful. But the searching question as to who pushes the pencil or punches the typewriter in preparing a statement that has been transmitted over the signature of an AFL vice president does not matter."

Senator Donnell: "I want to know who composed the statement."

Mr. Cruikshank: "I might ask who writes the questions you ask, but I will not, because that is not relevant."

Senator Donnell: "Who took the first step toward the presentation of this statement?"

Mr. Cruikshank: "I hesitate to appear discourteous, but as a means of registering my objection, I shall not answer until subpoenaed."

Senator Donnell: "Mr. Chairman, is this witness here to answer questions or to tell the committee what questions we have a right to ask?"

Senator Smith: "I do not think it is proper for the witness to determine the relevancy of a question, if he can answer the question."

Senator Donnell: "Mr. Cruikshank, the question—which you understood just as clearly as I—was whether you had anything to do with the preparation of this statement."

Mr. Cruikshank: "Yes, I did."

Senator Donnell: "Did you compose it?"

Mr. Cruikshank: "No, I did not."

And so on, far into the night . . .

—E. K. BUCHANAN

Press Agent

My son, aged seven, says he wants to be a postman. Actually he seems to have a stronger bent towards advertising, though the neighbors no doubt think I'm the one behind it. The other day he was poking through some papers in the cellar. When he came across a stack of directions for children convalescing from tonsilectomies, he decided to make a few deliveries. With a batch under his arm, he went from house to house, slipping tonsil advice into every mail box in the neighborhood.

—M.D., PENNSYLVANIA

Improve Taft Bill

[*Continued from page* 91]

expect $400 million to scratch the surface. Approximately $4-$5 billion are now being spent by all agencies combined for the provision of medical care. Only 8-10 per cent of the population would benefit by $400 million. If this is to be a national health program, Congress should be allowed to appropriate, after the first year, such sums as may be necessary.

A broadening of medical benefits is obviously needed. No provision is made in S.545 for supplementary laboratory, diagnostic, or nursing services; no provision is made for prescribed medicines or for appliances that are necessary if adequate medical care of high quality is to be rendered. These should be available.

As to the collection of fees for services, each state should determine what machinery it can develop and whether it should collect part payment or no payment. In certain types of illnesses—filling a dental cavity in a school child, for example—the cost of making a real investigation to determine the ability of that child to pay would be higher than the cost of filling the cavity.

To oversee the program, the National Medical Care Council described in the bill might be enlarged to a National Health Council. It would be desirable to increase the membership of this National Health Council to include representatives of the various professional groups interested as well as representatives of the public. It would likewise be desirable to give the public a greater voice in the National Health Council than is contained in the National Medical Care Council as now defined.

The council should be given the right and the facilities to make public its recommendations. It should have strictly advisory functions and not be given administrative or executive authority. It might well have committees devoted to special fields, but membership on such committees would not have to be limited to members of the

Handitip

Children Free

Chain stores sometimes give you one article free if you buy another. I've adopted the same principle. To parents with children under twelve, I explain that I'll be glad to examine their youngsters without charge if they'll bring them to my office during a professional visit. Not only does this suggestion please the parents; it often turns up conditions in the children that require medical advice or treatment.

—A. H. ASCHER, M.D.

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*No refrigeration required

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PENICILLIN SODIUM—amorphous and crystalline forms: Vials containing 100,000, 200,000, 500,000, and 1,000,000 units.

PENICILLIN IN OIL AND WAX: 100,000, 200,000, and 300,000 units per cc.—5-cc. vials; also, 300,000 units per cc. in 10-cc. vials, and 1-cc. cartridge with needle.

TABLETS PENICILLIN CALCIUM (Buffered): 50,000- and 100,000- unit tablets, individually sealed in aluminum foil. Boxes of 12 and 120.

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council. The administration of the funds of the program, as delegated by Congress, should be the responsibility of the proposed health administrator and his staff.

If the administrator is to be a physician, he should have had at least five years full-time health and medical administrative experience. We have seen numerous examples of excellent clinicians or teachers in medical schools who have made extremely poor medical administrators.

PHS AS NUCLEUS

Preferably the administrator should head a national Department of Health and be a cabinet member. But under the present structure of the Federal Government, there seems little chance for a separate Department of Health. The second choice, therefore, is a combined Department of Health, Education, and Security.

In any case, serious consideration should be given to developing the new administrative structure from an existing organizational setup. One that has already proved itself to be experienced, efficient, and economical is the Public Health Service. It has been cooperating with state departments for more than half a century. Through the years, its policies have been to promote state and community responsibility for all health programs. Unlike many other activities carried on by Federal agencies that have offices in each state, public health today is entirely in the hands of state and local administrative officials. With all its faults, the United States Public Health Service is in a position to be reorganized, strengthened, and made the nucleus of a health agency.

Whatever agency is established, it should have authority to set minimum standards for the technical aspects of the program and for all personnel employed.

LOCAL FREEDOM

But it is necessary that the states be given as complete freedom as possible for the administration of the program. This bill would do that.

S.545 also recognizes the need for proceeding slowly. It would not suddenly plunge us into an overall program. It would begin with a small segment of the population. If

WALKER

AMINO ACID-VITAMIN THERAPY in HEARING DISORDERS

Clinical improvement in acuity of hearing has been demonstrated in a high percentage of patients treated with amino acids and vitamins in combination as presented in AMVITOL* and HYVANOL.*[1]

Of 78 patients treated, 57 (73 per cent) showed improvement, as determined by audiographic studies, especially in perception of high frequency tones.

AMVITOL (parenteral) supplemented by HYVANOL (oral) therapy presents a safe, effective, and acceptable approach to the treatment of hearing disorders—particularly in nerve deafness.

For indications and directions for use, see package circular, or send for literature.

1. Hirschfeld, H.; Jacobson, M., and Jellinek, A.: Arch. Otolaryngol. 44: 686 (Dec.) 1946.

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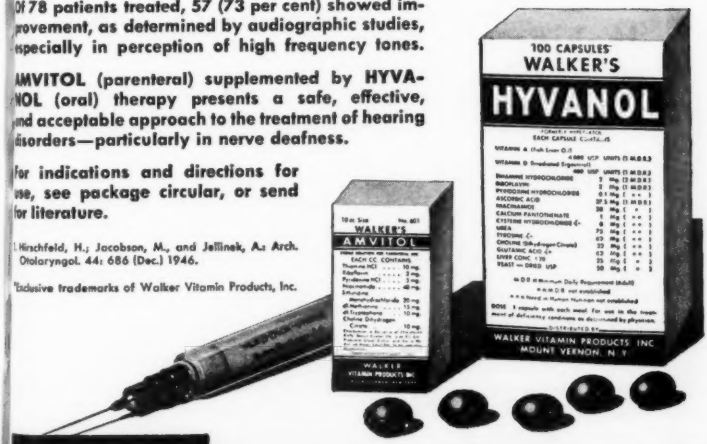

Walker VITAMIN PRODUCTS, INC., MOUNT VERNON, N. Y.

suitably amended it could be practically administered and it would meet some of the needs of the people for more adequate public health and medical services.

—VLADO A. GETTING, M.D.

Just Published

BOOKLETS

BUDGETING THE COSTS OF ILLNESS. By H. Ladd Plumley. First study in a series; explores growth of voluntary plans designed to meet costs of disabling illness. 80 pp. National Industrial Conference Board, Inc., New York. 50 cents.

BOOKS

LET THERE BE LIFE. By Helen K. Branson. Story of race prejudice encountered by woman Negro doctor in a northern community. 136 pp. M. S. Sen, Pasadena. $3.

A DOCTOR IN THE HOUSE. By Henry Pleasants, M.D. A country doctor's reminiscences of a long career in general practice. 286 pp. Lippincott, Philadelphia. $3.

IF YOU NEED AN OPERATION. By Richard A. Leonardo, M.D. A layman's discussion of symptoms, surgery, and post-operative care associated with the more common types of operations. 208 pp. Froben Press, New York. $3.

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"... is quite effective in the clearing of nasal congestion due to allergy or infection."

Feinberg, S. M.: Allergy in Practice, Chicago, The Year Book Publishers, Inc., 1944, p. 502.

Your hay fever patients will be grateful ... particularly between office visits ... for the relief of nasal congestion afforded by Benzedrine Inhaler, N. N. R. The Inhaler may make all the difference between weeks of acute misery and weeks of comparative comfort.

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QUICK RELIEF FOR THOSE "QUICK BITES"

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Pleasant-tasting BiSoDoL obviously does not justify improper eating habits, but it does assure your patients of prompt, soothing relief in case they "forget."

The widespread medical approval of BiSoDoL is convincing evidence of its quality and dependability.

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The Newsvane

Can You Top This?

It's going the rounds in Berlin: Three surgeons—American, British, and German—were discussing the "miracles" of wartime orthopedic surgery. "We," said the Briton, "fashioned a new leg for a man and he went out and broke the world's record for the hundred-yard dash." Said the American: "One of our soldiers lost an arm, but with the one we gave him he's now a leading contender for Joe Louis's title.

"That's wonderful," said the German. "But we had a number of men who lost their heads in concentration camps, and we made them new ones of wood.

"Now the Allied Military Government uses them as officials to run Germany."

Conduct Basic Course in Atomic Medicine

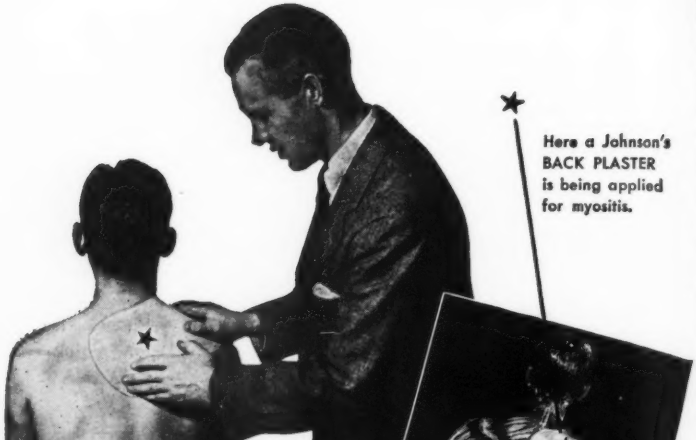
Selected medical educators and researchers have completed a special three-week course in atomic fission and its relation to medical science. The seminar—the first of its kind—was conducted by the University of California Medical Center and featured lectures by topflight nuclear physicists.

The aim was to give educators a basic grounding in nuclear physics so that they would be prepared to undertake more extensive training. Laboratory work that will follow in their own schools will include use of the Geiger counter, electroscope, and electrometer.

Family Doctors Warned To Keep Up to Date

Since the public is being trained to demand preventive medical services, the general physician must either provide those services or be prepared to lose his patients to public clinics, declares the New Jersey Medical Society. "The demand for group medicine, for more clinics, for new health centers and the like is growing rapidly," the society points out. "A stand at this point, by offering complete diagnostic service, is the family doctor's chance to retain medical practice in its individualistic framework. It is, perhaps, his last chance."

The trend was dramatized in New York City, says the society, when a tabloid newspaper featured the opening of the Strang cancer-prevention clinic in that city. "A flood of letters and calls poured in,"



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relieve BACKACHE three ways

First, they provide mild counter-irritation which causes local and reflex hyperemia—helping to relieve congestion and muscle pain. ***Second,*** they aid immobilization. Their supporting effect tends to reduce pain and muscle spasm. ***Third,*** they provide warmth and protection to the painful area.

You will find Johnson's BACK PLASTERS particularly effective in cases of low back strain, sacroiliac arthritis, myositis, lumbosacral fasciitis and intercostal neuralgia. These plasters are safe, convenient and known by patients. They provide continuous supportive treatment over a period of several days.

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Where the specific spasmolytic effect of belladonna is indicated, use the Johnson & Johnson BELLADONNA PLASTER which contains full belladonna strength.

Write for liberal free supply of Johnson's BACK PLASTERS and BELLADONNA PLASTERS. Both are worthy of increased clinical attention. Johnson & Johnson, New Brunswick, New Jersey.

Johnson's BACK PLASTER

it continues, "and already that clinic is booked until November.

"Many of these applicants were willing and able to pay their private doctors for this kind of service. How many of their doctors were willing and able to render this service? The cry is heard constantly that the operation of such a clinic is a blow to private medicine. Thus, it is fair to ask the complaining doctors if they are prepared to give their patients an equivalent service.

"We frown on hospitals, agencies, and clinics which do general physical examinations at cut rates because we see such activities as steps away from free choice, as examples of the corporate practice of medicine, and as devices to cheapen the value of examinations. Our frowns will retain no patients, however; our willingness to provide thorough diagnostic facilities in the office will.

"Patients have learned that a good physical examination, including the history (and the drawing of specimens for blood count, urine analysis, blood serology), will take at least forty-five minutes. They will not be satisfied by anything more cursory. The doctor who is not prepared to devote the time and attention which this requires should send the patient to a colleague who is. If he fails to do either, let him not be surprised if the patient goes to a clinic and gets a work-up at a reduced fee.

"As a practical suggestion, the doctor might send to AMA headquarters for the excellent and useful 'Physical Examination Blank' printed there. For $1.50 the practitioner can have 200 of these forms. If every suggested question is asked and every blank on the form filled in, the doctor will get an exhaustive, over-all understanding of his patient's status. The suggested examination procedures are within the skills and equipment of the general practitioner."

Odd Requests Reach Medical Bureau

The public information bureau of the San Francisco Medical Society handles up to 100 telephone calls a day, most of a routine character. It was stumped, though, by the request of a social worker who was caring for the mentally ill mother of four children. "The authorities have suggested sterilization," she said. "Can you give me the name of a good doctor?" The bureau—for legal reasons—could not.

Another family had a more tractable problem, namely, a member who had worried himself into a serious state "over the atomic bomb." The bureau supplied the names of three psychiatrists and suggested that one be called in promptly.

Personnel at the bureau say that a throwback in fashion has prompt-

Amino-Concemin

a synergistic combination of
B Complex, Iron and **Amino Acids**

Specifically designed to shorten convalescence, through the catalytic action of amino acids on vitamin assimilation and iron utilization.[1, 2] Provides nutritional elements often deficient in the usual convalescent diet:

1. B COMPLEX—the established B vitamins, in high potencies, plus the entire B complex from three natural sources.
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3. AMINO ACIDS—a 15% enzymatic yeast hydrolysate containing 10 essential amino acids with other amino acids and polypeptides, provides *extra* nitrogen as well as a synergistic effect on hemoglobin formation and vitamin utilization.

FORMULA

Each 45 cc. (average daily dose) contains:

Protein hydrolysate (45% amino acids)	6.75 Gm.
Thiamine hydrochloride	3.0 mg.
Riboflavin	2.0 mg.
Niacinamide	15.0 mg.
Pyridoxine hydrochloride	1.0 mg.
Peptonized iron, N.F.	0.4 Gm.
Liver, B complex fraction	0.5 Gm.
Rice bran extract	0.5 Gm.

Rich winey flavor

The delightful winey flavor of Amino-Concemin—unusual in a product containing amino acids, liver and iron—assures continued patient cooperation. Many find it particularly pleasant in milk or fruit juice. Dosage—15 cc. (1 tablespoon) three times a day, with or before meals.

1. Jacobson M.: N. Y. State J. Med. *45*:2079-2080 (1945).
2. Ruskin, S. L.: Am. J. Dig. Dis.: *13*:110-122 (1946).

AVAILABLE AT HOSPITAL AND PRESCRIPTION PHARMACIES IN PINTS AND GALLONS

The Wm. S. Merrell Company, Cincinnati, U. S. A.

MERRELL 1828

ed its most recurring question: "Where can I get my ears pierced for earrings?" If the caller has no family doctor to make a referral, the bureau supplies the names of three surgeons.

Monday morning brings a big jump in phone inquiries. "My husband has been drunk for three days and I can't get him sober," explains a wife. "What do I do with him?" "Call in a general physician or psychiatrist," suggests the bureau and gives some names to choose from.

A recent caller wanted the name of a "professionally recognized medical hypnotist." Having no hypnotherapists on the lists, the bureau suggested that a psychiatrist be consulted.

Complaints come in, too—generally about alleged overcharges. The bureau tries to persuade the caller to adjust the matter directly with the doctor. Failing that, it requests that a formal complaint be made with the professional conduct committee of the county society.

Seek National Network of Alcohol Clinics

The Research Council on Problems of Alcohol has started a nationwide campaign to raise $200,000 a year. It hopes to establish a series of research-diagnostic-treatment centers in leading medical schools and affiliated hospitals throughout the country. One such center is already in operation at Cornell University Medical School-New York Hospital under a $150,000 grant covering a five-year period. The council, now ten years old, is an associated society of the American Association for the Advancement of Science. Most of its work heretofore has been the sponsoring of individual research projects in scientific institutions. Its primary objective is to get at the fundamental causes of problem drinking, which is said to affect 750,000 people in the U.S.

Effects of Retirement on Longevity Argued

Is the retired man likely to live as long—or longer—than his colleague who continues to work? At the University of New Hampshire, Dr. Roger I. Lee, former AMA president, challenged the wisdom of retiring personnel at 60 or 65. Such retirement, he said, leads to a miserable existence that cuts the life span.

But R. L. Van Name, secretary of the New York City Employes Retirement System, disputes Dr. Lee's view. Mortality statistics, he says, indicate an average prolongation of life upon retirement. Mr. Van Name adds that the actuarial tables of insurance companies support his opinion that retired people live longer than working people.

"I dare say that Dr. Lee has, from time to time, been consulted

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• 70 Different tests and inspections behind it

Nothing you prescribe is m..de with more attention to detail than Bayer Aspirin. To insure the quality, uniformity, purity and quick disintegration for which these tablets are famous, over seventy different tests and inspections have been evolved. The prestige that Bayer Aspirin enjoys was earned over a period of forty-six years by making a truly fine product.

BAYER *ASPIRIN*

THE ANALGESIC FOR HOME USE

by many a discontented and ailing pensioner," Mr. Van Name recently wrote The New York Times, "(whereas healthy and happy pensioners had no occasion to consult him) and so has come to the conclusion that most retired people are discontented and ailing . . .

"My own observations of pensioners would divide them, by and large, into two groups: those who have neither occupation, nor hobby, nor interest. These lives are doubtless shortened by retirement as the doctor believes. The larger group is composed of those who, upon retirement, engage in activities for which they have longed many years and which are now possible for them."

AAPS Encouraged By Essay Contest

Results of its first essay contest for high school children on the theme, "Why the Private Practice of Medicine Furnishes This Country With the Finest Medical Care," have exceeded all expectations, says the Association of American Physicians and Surgeons. Essays were received from all parts of the nation. First, second, and third prizes of $1,000, $500, and $100 were awarded.

The AAPS plans to make the national essay contest an annual affair, feeling that it may induce considerable interest not only among high school students but also among parents and teachers, many of whom have been bombarded with propaganda from Federal agencies and other sources.

Meanwhile, the state medical societies of West Virginia and North Dakota have become the eighth and ninth, respectively, to endorse the AAPS and its objectives.

Wants Medical Training Period Shortened

The study of medicine is not so "profound and difficult" that it cannot be mastered in a shorter period than is now required, declares Dr. Frank A. Weiser, editor of the Detroit Medical News. He believes that the whole course of study, from premedical through residency, might be overhauled and shortened, and suggests that the Association of American Medical Colleges undertake a critical survey of present curricula.

Drug Chain Imposes Code of Ethics

One of the country's largest drugstore chains is calling the attention of doctors to the strict code it imposes on its pharmacists, all of whom are indoctrinated before being placed in stores.

For one thing, it says, company pharmacists may do no counter-prescribing, which is described as both unethical and illegal. They are forbidden to attempt diagnosis,

"which is distinctly the work of the physician." Furthermore, they may not comment upon a doctor's prescription in any way. If the purchaser asks what disease it is intended for, the pharmacist politely refers him back to the doctor. And if a discrepancy or error is noticed in a prescription, the matter is not mentioned to the patient but taken up directly with the physician.

The chain calls substitution "a pernicious, dangerous practice," and forbids it with this rule: "On no account is any deviation allowed from the physician's prescription without his written or oral consent." If a specified make of liquid, pill, tablet, etc., is not available, the pharmacist must notify the physician that he cannot fill the prescription.

R.I. Indemnity Plan Seen Better Off

The Rhode Island sickness compensation program for workers—first of its kind—is now in the black after a number of shaky years when it flirted with bankruptcy. Now in its fifth year of operation, the program pays out an average of $5 million per annum to workers incapacitated by illness. It does not, however, pay for medical or hospital bills.

Most of the state's 350,000 workers are covered by the program, since anyone earning $100 or more a year is eligible and there is no ceiling on income. Benefits range from $6.75 to $18 weekly, depending on the worker's wages and on his contribution to the fund in the previous year.

When the program was inaugurated, payments were made only to those whose income ceased during illness. Later the state assembly authorized benefits to anybody, whether or not he continued to receive his wages or salary. It was this move that brought the plan perilously close to bankruptcy. For a year benefits exceeded the receipts from payroll taxation. There were widespread complaints, too, that the program encouraged malingering and absenteeism, for some workers enjoyed a higher income when ill than when working. Eventually, the assembly ruled that benefits could in no case exceed 90 per cent of a man's normal income.

No application for benefits is considered unless it is accompanied by a physician's statement that the worker is incapacitated by illness. Furthermore, the beneficiary is required to see a doctor within five days of the onset of illness and (with certain exceptions) at least

[PLEASE TURN TO PAGE 154]

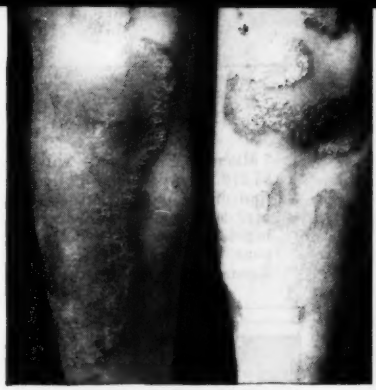
Every day patients who suffer with psoriasis are demanding relief. RIASOL meets this constant demand with a high degree of success. Its outstanding achievements as an aid in psoriasis inspire greater confidence in physician and patient alike.

RIASOL may be counted on in most cases to clear unsightly lesions more promptly. Itching, when present, is generally relieved. Recurrences may be reduced. Patients prefer RIASOL not only because it really *works* but also because it is so simple and convenient to use.

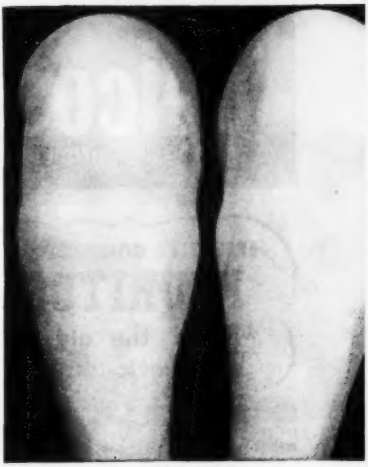
RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

RIASOL is applied daily after a mild soap bath and thorough drying. A thin, invisible, economical film suffices. No bandages necessary. After a week, adjust to the patient's progress.

RIASOL is not advertised to the laity. Supplied in 4 and 8 fld. oz. bottles, at pharmacies or direct.



Before Use of Riasol



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Please send me professional literature and generous clinical package of RIASOL.

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RIASOL FOR PSORIASIS

Anecdotes

¶ MEDICAL ECONOMICS will pay $5-$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Address Medical Economics, Rutherford, N.J.

once a week as long as it continues.

From the beginning, the program has been financed by the state unemployment insurance fund, which in turn is built up by payroll taxation on both employe and employer. When the sickness compensation plan got under way, workers were contributing 1½ per cent of wages up to $3,000, and this was matched by management. Of the worker's contribution, 1 per cent was set aside for the sickness program, but it failed to produce enough funds to meet benefit payments.

However, last year Rhode Island was able—under authority granted it by Congress—to transfer a $28 million surplus in the unemployment fund to the sickness program. It also allocated to it the full 1½ per cent of workers' contributions. This move, in conjunction with the "90 per cent clause," has made the program solvent, and few Rhode Island officials believe it will ever go in the red again.

The current favorable balance between income and outgo has made it possible for Rhode Island to reduce the workers' payroll tax from 1½ to 1 per cent.

New Office Brochure In Circulation

A fresh batch of ideas for the medical suite is served up in "Your Professional Office," a new brochure distributed by the Hamilton Manufacturing Company. Into its 38 illustrated pages are crammed

Why not a regular date with **ANACIN**, too?

When a patient must each month keep a disquieting date with dysmenorrhea, you can effectively allay her discomfort by recommending a simultaneous date with Anacin. The coordinated action of 3 medically proven ingredients have earned Anacin an outstanding reputation for *prompt, pleasant, prolonged relief*—just the type of relief you seek not only for painful menstruation but for simple headache and minor neuralgia, too.

Ask for Anacin at your hospital pharmacy or neighborhood drug store. It's always instantly available.

Fast-Acting...Long-Lasting

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WHITEHALL

decorative tips, floor plans, unusual space-savers, and handy hints for would-be builders and renovators. The pamphlet is the work of office designer John G. Shea, a frequent contributor to MEDICAL ECONOMICS.

California Society Maps All-Out Prepay Drive

Governor Earl Warren has been set back on his heels twice by the California legislature, which has refused to enact his compulsory health insurance bills. Last month there were indications that 1947 might see his hopes buried completely. For the California State Medical Association, in a program never before approached in magnitude or vigor, had joined with insurance companies in an all-out effort to sell voluntary sickness insurance. Its goal: enrollment of 5,000,000 of the state's 6,907,000 people by the end of the year.

Spearheading the drive is the California Committee for Voluntary Health Insurance, formed by the association and the commercial carriers. It will carry on general public relations work while the state association intensifies its drive to help California Physicians' Service achieve its immediate goal of half a million subscribers.

The association has earmarked $60,000 to pay for an eighteen-station radio broadcast series, and has brought 100 inches of space in every California daily and weekly.

[PLEASE TURN TO PAGE 158]

Tied in with the advertising campaign is a series of "Voluntary Health Insurance Weeks" in various counties. When the newspaper and radio advertising gets well under way, CPS salesmen will comb each county in an all-out subscription drive.

Meanwhile, the insurance carriers will intensify their own promotion and sales efforts. They feel that the 5 million goal can be reached, for they estimate that already the CPS, the commercial carriers, the prepayment groups like Ross-Loos and Permanente Foundation, and the union prepayment plans have around 4 million subscribers.

Societies Remain Cool to HIP

The Health Insurance Plan of Greater New York, which accepts only medical groups to service its prepayment program, has received two more rebuffs from organized medicine in the metropolis: (1) The Bronx County Medical Society recently voted disapproval of HIP and withdrew three of its members from the Medical Control Board nominated for HIP by the five county medical societies of the city. (2) The coordinating council of the five societies said it would neither approve nor disapprove a HIP plan to allow participating doctors to list all degrees and titles in printed material to be distributed among subscribers and prospective subscribers. But the council called attention to

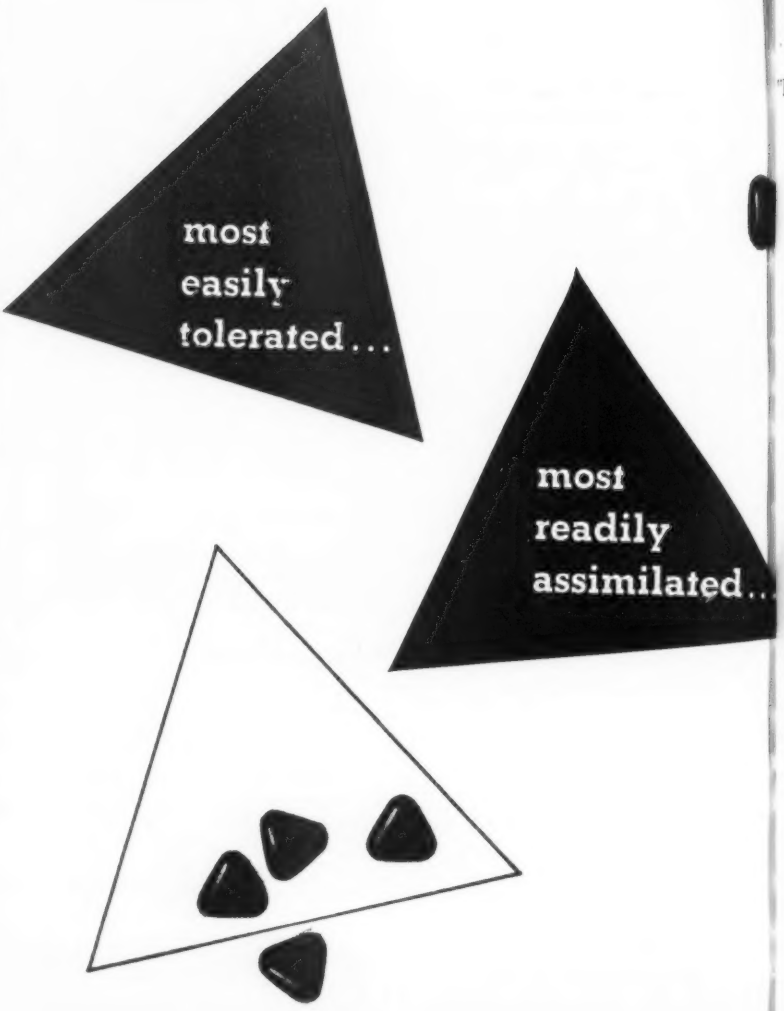
the Principles of Professional Conduct of the New York State Medical Society; they forbid any member to use titles, degrees, or honors as a means of self-aggrandizement, and further prohibit professional association with any person or organization advertising medical service to the public.

'Extras' Largest Part of Hospital Charges

Increased use of "extras," including such expensive items as penicillin and streptomycin, is the principle reason why hospital charges have gone up in recent years, says J. Douglas Colman, representing the Blue Cross Commission of the American Hospital Association. Mr. Colman told the Health Subcommittee of the Senate Committee on Labor and Public Welfare that a cost breakdown in Maryland showed that room and board constituted a little less than half the average bill, with charges for medications, dressings, laboratory services, operating rooms, etc., making up the remainder.

Seek Higher Fees in Insurance Cases

New Jersey has no official fee schedule for workmen's compensation cases—merely a statutory admonition that the fee charged must be in line with private charges for similar work in the community. While the prevailing fee for an office call, in Northern New Jersey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"Ferrous sulfate is the iron salt least likely to cause gastro-intestinal irritation, which is fortunate since empiric observation plus the careful studies of Moore (1944) have fully established the fact that in man there is much better assimilation of this than of other forms of iron." *Beckman, H.: Iron, Wisconsin M.J. 45:601 (June) 1946.*

FEOSOL TABLETS and FEOSOL ELIXIR supply adequate dosage of ferrous sulfate—grain for grain the most effective form of iron. *Smith, Kline & French Laboratories, Philadelphia*

Feosol Tablets and Feosol Elixir

The standard forms of iron therapy

at least, has been $3, insurance companies have been paying less than that.

Dr. William K. Harryman, chairman of the New Jersey Medical Society's workmen's compensation committee, recently discussed the matter with several of the larger insurance carriers and they told him the companies could not authorize a blanket increase. They did suggest, though, that doctors begin to charge their regular fees in compensation cases. Protests by companies, they said, could be discussed as they arose.

Doctor Harryman warned physicians that their higher compensation fees must be a *bona fide* reflection of private charges, and that they must avoid even the appearance of overtreatment. Overtreatment, he commented, annoys the insurance companies more than the actual size of the individual fee. He also suggested that county societies take steps to see that compensation fees were increased and maintained in their areas.

Meanwhile, the Tennessee State Medical Association has officially condemned "the injustice of the insurance companies toward the medical profession in their failure for more than seventy-five years to raise the $5 fee paid for medical examinations. This rank unfairness," it says, "is accentuated by the fact that the entire financial structure of life insurance is erected and its solvency based on the integrity and professional ability of

Oh, Doctor!

"I DON'T KNOW WHAT TO DO, DOCTOR; I FEEL ALL RUN DOWN."

But seriously, Doctor . . . *as you know, that "run down" feeling can be due to a lack of vitamin B_1 (thiamine)—the vitamin needed to convert carbohydrates into energy. In such cases, you may want to suggest that hot Ralston be included in the daily diet. Why? Because hot Ralston is 2½ times as rich as natural whole wheat in wheat germ—best cereal source of vitamin B_1.*

TWO KINDS OF HOT RALSTON ⇨

RALSTON PURINA COMPANY
Checkerboard Square, St. Louis 2, Mo.

the examining physician." We are no longer in the horse-and-buggy days, the association points out, and the companies should realize that medical education, equipment, and expenses are far greater now than they were when the $5 fee was established. The society has demanded an increase to $10.

Vivisectionists Seen Lacking in Piety

Students of surgery in the Mexican National School of Medicine are permitted "to practice upon living persons," says the school's head, Dr. Salvador Gonzalez Herrejon, but they may not participate in the "immoral" art of animal vivisection. In a sensationalized, full-page article in the Hearst press, Doctor Herrejon declares that "Students cutting on dogs gain nothing but manual dexterity at the cost of the intense suffering and the life of the dog, which is the most loyal friend of man." Furthermore, he says, the anatomies of animals and man are entirely different.

"To permit students to make an unnecessary and mutilating operation on a dog today, another tomorrow, and again another until the dog dies is an immoral method of teaching and destroys respect for life, proper sentiment, and piety . . . It is also important that students be imbued with the idea that money from operating is not the goal of ethical surgeons . . . Students are inclined to seek surgery as a means of wealth, security, and ease."

Dr. Herrejon's article, which rehashed the usual antivivisection propaganda of "mutilation of household pets," was illustrated by posed photographs re-enacting "former torture practices" in his own school.

Red Cross Charting Its National Blood Plan

What the American Red Cross regards as its greatest peacetime undertaking has been inaugurated with the appointment of Dr. Ross T. McIntire, retired Surgeon General of the Navy, as director of the

ABDEC DROPS

mean "right foot forward" . . .

Starting life on the right foot, nutritionally speaking, contributes materially to normal, unimpeded infant growth and development. With ABDEC DROPS, the physician can place in the hands of the mother the means of assuring her that her infant will receive an adequate supply of essential vitamins and a healthier nutritional status.

ABDEC DROPS join fat and water-soluble vitamins—A, B_1, B_2, B_6, C, D, sodium pantothenate and nicotinamide—into *one* highly concentrated solution that may be administered directly or added to foods. ABDEC DROPS are one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics—MEDICAMENTA VERA.

ABDEC DROPS may be administered directly or may be added to formula or other food without appreciably altering taste or appearance. Included in each package is a dropper graduated at 0.3 cc. (daily dose for infants under one year) and 0.6 cc. (daily dose for older children and adults).

Each 0.6 cc. represents:

Vitamin A	5000 units
Vitamin D	1000 units
Vitamin B_1 (Thiamine Hydrochloride)	1 mg.
Vitamin B_2 (Riboflavin)	0.4 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	1 mg.
Pantothenic Acid (as the sodium salt)	2 mg.
Nicotinamide	5 mg.
Vitamin C (Ascorbic Acid)	50 mg.

PARKE, DAVIS & COMPANY • DETROIT 32, MICH.

MEDICAMENTA VERA · P D & CO.

ARC national blood program. What the Red Cross hopes to do, within from three to five years, is to make whole blood, plasma, and blood derivatives available to all Americans at no cost other than nominal doctor and hospital fees for administration. Further, it hopes to stimulate even greater research in the use of blood.

This, in brief, is the program: The Red Cross will become the over-all blood agency of the nation. It will expand its wartime facilities for collecting blood from voluntary donors. Part of this blood will be distributed among blood banks everywhere; part will be fractionated and the derivatives distributed to doctors, medical centers, hospitals, etc. All costs will be shared by the national organization and its local chapters, with final support coming from public contributions in the annual public drive.

"A program of such magnitude must of necessity be one of gradual development," says the Red Cross. "Time will be required to organize the work, procure and train personnel, and obtain equipment which is in short supply. The first year we plan to establish twenty or twenty-five centers on the basis of the advantages they offer in the early stages.

"In addition to whole blood and plasma, the program will provide other derivatives of proved value. New products which continuing search may find useful in medicine and surgery will be provided."

[PLEASE TURN TO PAGE 168]


Absorbine Jr.
For the Relief of
MUSCULAR ACHES
AND PAINS . . .
Suggest
ABSORBINE JR.

More than 2 million pints of plasma were declared surplus in 1946 and turned over to the Red Cross for civilian distribution. It estimates that this supply may last only a year, so it is making immediate plans for replenishment. "The need for whole blood is also acute," says national headquarters. "It will become increasingly so as more physicians become skilled in recognizing the indications for its use and more facilities for its administration become available. Likewise, more derivatives of blood are being developed and used as life-saving aids to increasing numbers of people for injuries, surgical operations, and the treatment and prevention of disease."

The program has been approved in principle by such agencies as the American Medical Association, the Association of State and Territorial Health Officers, the American Public Health Association, the Public Health Service, the American Hospital Association, and the Veterans Administration.

Thinks Pepper Seeks Vice Presidency

Senator Claude Pepper (D., Fla.), a 1947 Wagner-Murray-Dingell Bill sponsor, has become the undisputed leader of the "pink-tinged liberal column" in Congress, says Radford Mobley, Washington correspondent of the Detroit Free Press. "At present, Pepper might be called a Democratic combination of Vandenberg and Taft," says

"the sick often err in the adoption of a thin diet"—Hippocrates

Convalescence seldom need be so protracted that it becomes a trial to patient and physician alike.

ESKAY'S NEURO PHOSPHATES—the easily tolerated, therapeutically effective tonic—stimulates the faltering appetite of the convalescent . . . restores vigor and general tone . . . and thus speeds recovery.

To increase intake of vital nutritional factors, prescribe NEURO PHOSPHATES. Your patients will like its pleasantly tart taste.

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Eskay's Neuro Phosphates

proved and universally accepted

the writer. "He considers it his job to take charge of international and domestic issues.

"On domestic issues, there is no labor, left-wing, or liberal bloc that does not look to Pepper for support and advice in Congress. He is soundly entrenched as a national leader in this field as long as he remains in the Senate, and he doesn't come up for re-election until 1950.

"Meanwhile, he is ambitious and young enough to have his eye on a place with President Truman on the 1948 Democratic presidential ticket. It could happen, Pepper supporters say, in spite of what the White House thinks.

"Whatever corner Pepper is in he is always a tough foe. He fights at the drop of a hat. He does it with remarkable vigor. He is versatile, eloquent, persuasive, and shrewd."

Hollywoodmen Whoop It Up for Health

Advertising and promotion men are pointing to the record and saying: "That's the way *we* do things when a state legislature has to be goaded into acting for the public health." And the record is a sensational one, even though it got little publicity outside of North Carolina.

Tide, the advertising newsmagazine, describes the background:

"Health conditions in North Carolina are deplorable . . . The state's percentage of draft rejections was the highest in the country—over 56 per cent of its registrants were rejected as 'physically unfit.' Couple of years ago the state legislature took a step to remedy this and set up a Medical Care Commission, then failed to give it the money to do the job.

"If anyone needs to go to a hospital there are forty-one other states in which he stands a better chance of getting a bed more promptly. In rural areas, 25 per cent of the mothers do not have a doctor when their babies are born. North Carolina needs 1,300 additional doctors as well as 6,000 more hospital beds."

Nettled by apparent public indifference, a number of North Carolinians last year set up the Good Health Association. Its aim: to get adequate medical and hospital facilities for the state. From the beginning, the association was spark-plugged by orchestra-leader Kay Kyser. He assembled around him some of the best publicity minds in the business (both from his own North Carolina and elsewhere), enlisted the aid of his radio and movie associates, and put on a flamboyant publicity campaign that startled staid Carolinians. Here—among other things—is what the association did:

¶ Keynoted the campaign with a star-spangled half-hour radio broadcast, which was carried without charge by every North Carolina

station, and with full-page advertising in all leading newspapers, also free.

¶ Got large amounts of free billboard space from outdoor advertising companies and plastered the state with colorful and dramatic posters. One pictured an overturned car, an anguished father carrying an unconscious child, and the question: "Where is the hospital?" Below, in big letters, was the answer: "Thirty-three counties in North Carolina have no hospitals."

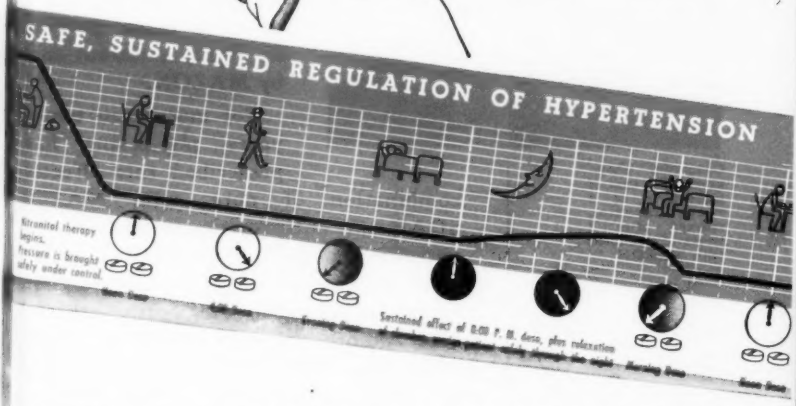
¶ Got the state's radio stations to donate a total of $250,000 of free time during the campaign.

¶ Exhibited more than 100 films on health subjects to more than 1,000,000 persons.

¶ Plugged a special song, "It's All Up To You," selling 25,000 sheet copies and 15,000 records.

In the face of this clamor, the North Carolina legislature has appropriated $10 million for its Medical Care Commission for 1947-48 as the starter of a $48 million fund to be spent over five years in providing hospitals, health centers, and other facilities. But Mr. Kyser's Good Health Association has not disbanded. Since part of the $48 million fund will be made up of Federal grants under the Hill-Burton Act, the association has offered its services to North Carolina counties in raising the required matching funds. Meanwhile, the association is drawing up a work-book of its campaign and plans to distribute it among groups in other states.

OUT of the red



Vasorelaxation produced by Nitranitol is GRADUAL, avoiding the dangerously abrupt blood pressure fluctuations of the quick-acting drugs.

The hypotensive effect of Nitranitol is PROLONGED, each dose overlapping the one before—permitting maintenance of a relatively constant pressure.

The negligible clinical toxicity of Nitranitol, making it SAFE for use over an indefinite period, is in contrast to the cumulative toxicity of the thiocyanates.

Gradual, Prolonged, Safe Vasodilation with

NITRANITOL

T. M. REG. U. S. PAT. OFF

Nitranitol contains ½ gr. mannitol hexanitrate in each scored tablet. Dosage is 1 to 2 tablets every four hours. Available in hospital and prescription pharmacies in bottles of 100 and 1000.

For cases requiring sedation in addition to vasodilation.

NITRANITOL
WITH
PHENOBARBITAL

Each scored tablet contains ½ gr. mannitol hexanitrate and ¼ gr. phenobarbital. Bottles of 100 and 1000.

THE WM. S. MERRELL COMPANY
CINCINNATI, U. S. A.

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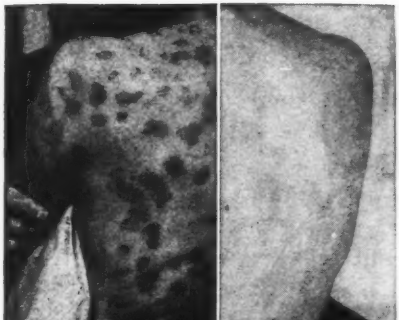
1828



Composite photograph of a case of psoriasis of 5 years' duration relieved after 7 weeks of treatment with MAZON.

PESSIMISTIC over psoriasis? Gratifying relief is often provided in highly resistant cases by **MAZON.**

For more than twenty years physicians have prescribed this effective combination of pure, mild **MAZON SOAP** and antipruritic, antiseptic, antiparasitic **MAZON OINTMENT** in the treatment of acute and chronic eczema, psoriasis, alopecia, ringworm, athlete's foot, and other skin irritations not caused by or associated with systemic or metabolic disease. **MAZON** Ointment requires no bandaging; will not stain clothing.

Try it on that "difficult" skin case and you will prescribe it routinely.

Prescribe *both* MAZON Soap and MAZON Ointment for best results. Available at all pharmacies.

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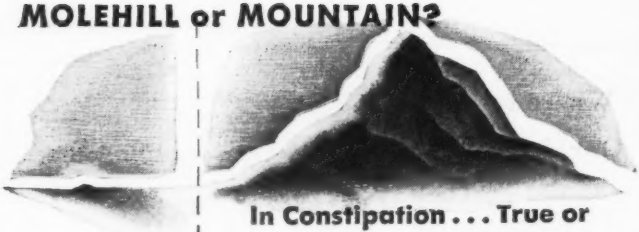
MOLEHILL or MOUNTAIN?



In Constipation . . . True or Alleged . . . It's MUCILOSE

When the patient who declares himself constipated has made a mountainous problem of over-purgation from a molehill of underlying cause, Mucilose—bland, lubricating bulk—is a valuable adjunct in correcting both the self-imposed laxative habit and the primary intestinal dysfunction.

Ample intestinal bulk is assured by placing the patient on Mucilose—pure, concentrated hemicellulose from psyllium. More efficient . . . Mucilose absorbs 50 *times* its weight of water to form a bland colloidal gel—lubricates the intestinal contents and gently stimulates peristalsis.

For physiologic re-education . . . for more near-normal evacuation and a regular "habit-time" —*it's Mucilose.*

Greater Bulk from Smaller Dose at Lower Cost

Mucilose

IN SPASTIC AND ATONIC CONSTIPATION

Highly purified hemicellulose concentrate, derived from *Plantago loeflingii* . . . available as flakes or granules in 4 oz. bottles and 16 oz. containers.

A trial supply of Mucilose will be sent to you upon request.

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